

**WEBSTER PRESBYTERIAN CHURCH
CONFIDENTIAL INCIDENT REPORT FORM**
(Supervising Committee and Clerk of Session Only)

Name of Individual _____ Age _____

Details of Incident

Date _____ Program _____

(Day care, youth, church school, etc.)

Time _____ AM PM Location _____

(kitchen, playground, retreat location, etc.)

Description of Incident _____

Were Medical / Social / Pastoral services provided at the time of the incident? Yes

_____ No _____

If Yes, describe briefly _____

Parent / Guardian / Other Notified

Name _____ Date _____ Time _____ Telephone _____

Name _____ Date _____ Time _____ Telephone _____

Staff / Volunteer Completing this Form

Name _____ Date _____ Telephone _____

Name _____ Date _____ Telephone _____

Name _____ Date _____ Telephone _____

Actions Taken: (Be specific, go to back of page if necessary)

1. _____

2. _____

3. _____

4. _____

Contacts Made: (List specifically who/organization contacted, date and time)

1.

2.

Director / Supervisor Signature _____ **Date** _____
Organization _____ **Telephone** _____