

Incident Report

Please complete and hand to a staff member who will forward this on to the designated Church Council representative. Thank you.



Name of Congregation / Event: Coromandel Valley Uniting Church –

Name of person completing the form: _____

Date and approximate time of incident: _____

Where (specifically) the incident occurred: _____

Contact Details: 8270 1800 (church office) or private number: _____

Describe the incident/accident (who was involved, what happened, why and how it happened etc.). Please outline your observations and/or concerns; what was said, to whom and in what circumstances (if applicable). Please continue overleaf if necessary.

Name(s) of any other person(s) involved in incident or subsequent assistance:

Any other relevant information (eg. what action was taken and when). Please continue overleaf if necessary.

Signed: _____

Dated: _____

OFFICE USE ONLY: Report received by:

Date Received:

Follow Up / Action Required:

Action Completed:

Signed: