



PRAIRIE COMMUNITY CHURCH INCIDENT REPORT FORM

Date of incident: _____ Time of incident: _____ AM/PM

Person completing this form:

Name _____ Phone number _____

Address _____

Position with PCC: Church Staff Member Visitor Other _____

Name(s) of person(s) involved in this incident _____

Name(s) of witness(es) to the incident _____

Location the incident occurred (please include address) _____

Brief Description of Incident (use additional sheet if necessary): _____

Were the police notified of this incident? Yes _____ No _____

If *Yes*, please note time and date of the call and the case report # if a police report was completed.

In signing below, I affirm that the statements in this Incident Report depict, to the best of my knowledge, the truth about the incident that occurred on the date and time reported, and that I have not falsified nor purposely excluded any information on this report.

Signature _____ Date _____

I _____ Parent or Guardian of _____,
have been advised of the incident described above and the completion of this report.

Signature _____ Date _____

If there were injuries involved in this incident please complete a separate Injury Report for each individual that was injured and attach to this Incident Report.

Return this form to the Office Manager, Staff Member, or Elder within 24 hours of the incident.

Received by _____ Date _____