



FOOTHILLS CHURCH
BE RESTORED

Foothills Church Incident Report

(This form is for significant physical injury or property damage)

Name of person completing form: _____

Role/ministry position: _____

Date of incident: _____ Time: _____

Place of incident: _____

If injury, name(s) of injured person(s) and age(s): _____

Parent/Guardian name if a minor:

If property damage please give details of the damage: _____

How did incident occur: _____

_____ (please attach further sheets of paper if needed) Pages attached: _____

What part of the body was injured? : _____

Describe injuries in detail: _____

Was first aid given? If so please describe: _____

Was medical attention sought? If so please give details: _____

Was any other action taken at the time?

Were there witnesses? Yes No

Name of witness: _____ Phone: _____

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Has the cause of the incident been removed: Yes No N/A

Comments: _____

Are there any follow up steps you believe should be taken?:

Incident report completed by: _____

Signature: _____ Date: _____

FOR STAFF/LEADERSHIP TEAM MEMBER COMPLETION:

Name of staff/leadership team member completing: _____

Date contact made with injured person: _____

Further comments to add about incident: _____

Is additional investigation needed? Yes No

Has the cause of the incident been removed?: Yes No N/A

Comments: _____

What follow steps have been taken?: _____

Signature: _____ Name: _____

Date: _____