



St. Gabriel the Archangel Catholic Community

Incident Report

This form is to be completed and forwarded to the Parish Director immediately following an incident.

Date of Incident _____ Time of Incident _____ am / pm (*circle one*)

Name of Person Injured _____ Age _____

Parent Name (if a minor) _____ Phone Number _____

Ministry _____

Event Leader _____ Phone Number _____

Witness _____ Age _____ Phone Number _____

Witness _____ Age _____ Phone Number _____

Location of Incident

Describe in detail what happened. (Continue on back of form if necessary)

Describe Action Taken

How Could This Incident Have Been Avoided?

Other Information That May Be Helpful

Person Completing This Report _____ Phone Number _____

Position _____

Signature _____ Date Submitted _____

Parent Notified _____ Phone Number _____

Signature _____ Date Signed _____

Action / Comments / Recommendations

Date Received by Director ____/____/____ Director Signature _____

Comments/Actions

Date received by Safety Officer ____/____/____ Safety Officer Signature _____