

CHURCH OF THE ROCK INCIDENT REPORT FORM

This report must be completed within 24 hours after the incident. All injuries of any type should be reported to a supervisor immediately. Complete one incident report per individual involved.

Name of person involved in the incident: _____
Home address: _____
Phone number: _____
Name of person making report: _____
Date report is filled out: _____
Date of incident: _____ Time of incident: _____
Location of incident: _____

NATURE OF INCIDENT

INJURY (Fill Out Section A)
THEFT/VANDALISM (Fill Out Section B)
ABUSE/NEGLECT (Fill Out Section C)
SUSPICIOUS OR UNUSUAL ACTIVITY (Fill Out Section D)

SECTION A

If a minor, was a parent notified? Yes No
Is the person an employee of Church of the Rock? ___ Yes ___ No
Is the person a volunteer for Church of the Rock? ___ Yes ___ No
Was the injury job related? ___ Yes ___ No
Were they instructed in the hazards of the job? ___ Yes ___ No
Detailed description of injury: _____

Cause of the injury: _____

What help was received? ___ First Aid ___ Sent Home
 ___ Sent to Doctor ___ Sent to Hospital
 ___ Other _____

If yes to any of the above, date and time the action was taken: _____

If First Aid was received on location, name of attendant and treatment given: _____

Was the individual's insurance carrier notified: ___ Yes ___ No

If, yes, list carrier name, policy number and agent name and phone number:

Claim number: _____

If sent to Doctor/Hospital, name of attending physician and treatment given: (attach copy of physician
And treatment give: (Attach copy of physician's statement) _____

Days/hours of work time lost due to injury: _____
Days/hours of restricted work activity: _____
What can be done to prevent recurrence? _____

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Section B

Was there damage to Church of the Rock property? _____

Was there theft or vandalism involved in another individual's property? (If yes, describe):

Were the police notified? ___ Yes ___ No

If yes, please list the police report number: _____

Name of the reporting officer: _____

Officer's department phone number: _____

PLEASE GIVE COMPLETED FORM TO THE PASTOR OR AN ELDER IF NO PASTOR IS AVAILABLE.
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Section C

This section should be completed in the event that a minor discloses any information that causes you to believe that he/she or another minor has been abused this section should also be completed . If there are signs and/or symptoms of suspected abuse of a minor.

Abuse is defined as a child under the age of 18 years, unmarried, who has been non –accidentally or mentally injured, negligently treated or maltreated, sexually abused or exploited, exposed to pornography, or who dies as a results of abuse or neglected.

Employees and volunteers are to report any suspicions or findings to he appropriate head or pastor immediately. These situations are of a sensitive nature and should be kept confidential after notifying the appropriate person(s) for your protection as well as those involved. If the circumstances are deemed an immediate threat to a child, reporting should take place immediately.

Reason for reporting:

___ Minor reporting abuse

___ Signs of suspected abuse

Describe _____

