

**Incident Report Form**

This form may be used to report any serious incident, including: accidents, property damage, theft, suspicious persons/packages, harassment, discrimination, and violence or threats of violence.  
 Submission of this form will result in an investigation and report to the Church Council.

**Completed By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date of Incident:** \_\_\_\_\_

**Time of Incident:** \_\_\_\_\_

**Type of Incident (Check all that apply)** (If an anonymous threat is received by telephone, complete and attach Telephone Threat Report)

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Accident                    | <input type="checkbox"/> Threat                    | <input type="checkbox"/> Violent Act  |
| <input type="checkbox"/> Suspicious person / package | <input type="checkbox"/> Vandalism/Property Damage | <input type="checkbox"/> Theft        |
| <input type="checkbox"/> Harassment                  | <input type="checkbox"/> Discrimination            | <input type="checkbox"/> Other: _____ |

**Parties Involved**

**First and Last Names**

**Telephone number**

Complainant/Victim(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Accused (if known): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Witnesses: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Location of incident:** \_\_\_\_\_

**Describe what happened (attach another sheet if necessary):**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Were police involved? (attach police report if applicable)

Yes  No

Was medical attention or first aid required?

Yes  No

If yes, who provided the medical assistance? \_\_\_\_\_

Who was treated? \_\_\_\_\_

What was the nature of the injury and treatment? \_\_\_\_\_

\_\_\_\_\_

Other comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Harassment Education Advisory Responder (HEAR):**

**Response:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recommendations for Further Action:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Resolution**

Resolved internally

Requested HEART assistance - Date: \_\_\_\_\_

Name of HEAR: \_\_\_\_\_

Signature: \_\_\_\_\_

Date received: \_\_\_\_\_

Date to Council: \_\_\_\_\_