

INCIDENT REPORT FORM

NAME OF PARISH/SCHOOL _____

ADDRESS _____

CITY _____ ZIP _____

PHONE _____

PERSON REPORTING _____

DATE FORM COMPLETED _____

DATE OF INCIDENT _____ TIME OF INCIDENT _____

WHERE INCIDENT OCCURRED _____

WERE PHOTOGRAPHS TAKEN? _____

DESCRIBE INCIDENT _____

PARTY INVOLVED-NAME _____ MINOR? _____

IF MINOR, PARENT NAME(S) _____

ADDRESS _____

CITY AND ZIP _____

HOME PHONE _____ WORK PHONE _____

DOB _____ INJURY/DAMAGE _____

TRANSPORTED BY AMBULANCE? _____

WITNESSES (PLEASE INCLUDE ADDRESS AND PHONE NUMBER) _____

COMMENTS _____

*NOTE: REPORT TO CATHOLIC MUTUAL NEXT BUSINESS DAY.
SEND COPY TO CATHOLIC MUTUAL AND KEEP ONE FOR YOUR RECORDS.*