



LIVING FAITH ALLIANCE CHURCH INCIDENT REPORT

*Parents must sign incident reports regarding minors to acknowledge their awareness of the incident - unless DCP & P advises otherwise.

WHO IS COMPLETING THIS REPORT

Name	Date
I am a: (Circle all that apply) LFA Employee LFA Volunteer Witness Parent of injured minor	
	Injured Person LFA Member Other:(please specify)

INCIDENT DETAILS

Date of the Incident:	Approx.Time of Incident:	Specific Location:
Type of Incident: (Please Circle All That Apply)	Injury	Physical Abuse / Assault
	Property Damage	Sexual Abuse/ Harrassment
	Theft	Verbal Abuse/ Threats
		Other: (please specify)

Name(s) of person/people directly involved in this incident:

At Which Event / Program did this occur:

WITNESSES OF THE INCIDENT

(Name)	(Address)	(Phone)	Completed Incident Report ?
			yes no
			yes no
			yes no

SECONDARY RESPONDERS (people who assisted after the incident took place)

(Name)	(Address)	(Phone)	Completed Incident Report ?
			yes no
			yes no
			yes no

DETAILS: PLEASE DESCRIBE THE CIRCUMSTANCES LEADING UP TO THE INCIDENT / AND WHAT OCCURRED.

WHAT ARE THE VISIBLE INJURIES / COMPLAINTS OF THE INJURED PERSON ?

WHAT WERE THE IMMEDIATE STEPS TAKEN BY LFA STAFF OR MEMBERS FOLLOWING THE INCIDENT ?

PLEASE DESCRIBE ANY MEDICAL CARE/ FIRST AID GIVEN TO THE INJURED. NAME(S) OF PERSON WHO ADMINISTERED IT.

911 EMERGENCY RESPONSE

Emergency 911 Assistance was: (circle all that apply) Offered to the individual Requested by the individual Declined by injured

Police Contacted ? Yes No

Name of Officer: Badge #

Ambulance Responded ? Yes No

TO BE COMPLETED BY LFA STAFF/ MEMBER : INCIDENT FOLLOW-UP

Please check if & when the following were notified : Date of contact:

Parent/ Guardian of Injured: / /

Ministry Coordinator / /

Executive Pastor / /

LFA Administrator / /

CHILD PROTECTIVE SERVICES

DCP & P (Child Protective Services) Notified ? Yes No Date: Person who Called:

Name of DCP & P worker:

Details of Conversation:

What instructions were given to LFA by DCP&P:

SIGNATURES

SIGNATURE OF PERSON MAKING REPORT _____ Date _____

PARENT/ GUARDIAN SIGNATURE (if applicable) "I have read the details of this incident report." _____

Date _____