



REV. DR. LLOYD T. MCGRIFF, PASTOR

INCIDENT/ACCIDENT REPORT FORM

PLEASE LIST THE NAMES OF ALL PERSONS INVOLVED IN INCIDENT/ACCIDENT. RETURN COMPLETED FORM TO THE CHURCH OFFICE.

| Name(s) | Address | Phone Numbers | Name & Address of Witness(es) |
|---------|---------|---------------|-------------------------------|
| | | | |
| | | | |
| | | | |

Galilee Member? Yes No

Date of incident/accident _____ Time _____ Reported To _____ Date Reported _____

Location of incident/accident Shadyside Galilee South Area (i.e., Sanctuary, Parking Lot, etc.) _____

Description of incident/accident _____

Were any staff members involved? Yes No If yes, please name _____

Was Police or EMS called? Yes No (If yes, please explain results and attach police report to this form) _____

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FOR OFFICE USE ONLY

Date Received _____ By _____

Copies distributed to (check all that apply): Pastor Facilities Manager Security Other (specify) _____