

SALEM CHURCH INCIDENT REPORT FORM

Name of Person(s) Involved in the Incident: _____

Email/Phone Number(s): _____

Date and Time of Incident: _____

Name of Parent(s)/Guardian, if applicable: _____

Location: _____

Description of Incident:

Who was notified, and when: _____

Name of any Witnesses, if applicable: _____

Action Taken:

Follow up: Who followed up, and when: _____

Report Submitted by: _____ Date: _____

Email/Phone Number of Submitter: _____

Report Reviewed by Policy Administrator: _____

Please submit this form to the church office; or to somebody either on Salem's staff or on Elder Board; or to Salem's HR director; or in some cases to somebody on Salem's Safe Church Team.