

INCIDENT REPORT FORM

Name of person making the report: _____

Date of report: _____ Phone number _____

Volunteer/staff position: _____

Description of circumstances when incident was reported (who was present, location, time of day):

Description of reported or witnessed incident:

Who

What

When

Where

Names of any witnesses _____

If a suspicion of child abuse, when were CPS or Police notified? _____

Caller's name _____

Caller's signature _____

Other action taken? _____

Date Child Safety Committee received report _____

Name of parent[s]/guardian[s] informed of incident: _____

Signature of parent/guardian aware of incident: _____ Date: _____