

Knox Presbyterian Church Incident Report

Manotick, ON

CONFIDENTIAL (When Completed)

Report Date: _____ Time of Report _____

Full Name of Child/youth/adult _____		Age/Grade: _____	
		(not req'd for adult)	
Date of Birth: _____	Gender:	M	F
(dd-mm-yyyy)			
Full Address: _____		City: _____	
Prov: _____	Postal Code: _____		
Phone Number: (_____) _____			

If this report is for a member of the vulnerable sector, please fill in the following information:

Name of Parent/Guardian (for child/youth) or caregiver (adult) _____

Notified: Y N If yes, date/time of notification _____

Address: _____
(if different from above)

Phone Number:(_____) _____ (if different from above)

DETAILS OF INCIDENT

Date/Time and location of incident: _____

Description of Incident: _____

Names/Contact Information of Witnesses: _____

Description of injuries sustained: _____

Was Medication Prescribed? ___Y___N ___Unknown

Description of action taken: _____

Call Made to: 911 ___ Other (Specify) _____ Time of Call _____

Call Made by: _____ Person Spoken to: _____

Additional Information you think is relevant: _____

Direct quotes from child/youth/adult: (NOTE: If this is an abuse allegation, do not interview the child/youth/adult, but report only the comments they share with you)

I hereby confirm that the information provided in this report is accurate to the best of my knowledge.

Name of Person Making Report (Please Print) _____

Phone/Address: _____

Signature of Person making report: _____ Date: _____

The person filing this report must give a copy to the Coordinator of the Ministry (i.e. Church School Coordinator, Pastoral Care Coordinator etc.)

NOTE: If this is an allegation of abuse, it must be reported to a protection agency or police. See Procedure on reporting an incident to a protection agency or police.