

Appendix I
St. Mark's United Methodist Church
Safe Sanctuaries Policy and Procedures
Incident Report Form

Date of Incident: _____ Time of Incident: _____

Name of child/youth/vulnerable adult: _____ Age: _____

Location of Incident: _____

Name of Person (s) who witness the incident:

Name:	Phone #:
Name:	Phone #:
Name:	Phone #:

Describe the incident:

Parent or Guardian: _____ Notified? _____

Resolution/Follow-Up:

Print name of person filing report: _____

Signature

Date