

**Faith City Church
SC046 –Incident Report Form**

Date	
Name of Person Completing report	
Role/Position	
Contact Details	
Witness Name	
Witness Contact Details	

Incident Details	
Date & Time of Incident	
Location of Incident	
Description of Incident	
What immediate action was taken?	
Was there an injury as a result of this incident? Name of Injured Person	

Address/Contact Details of person injured	
What first aid/medical care was provided (if any)?	
Was there property damage as a result of this incident? Yes/No, If YES:	
Was there vehicle damage as a result of this incident? Yes/No, If YES: Registration Number Details of Damage	

Submission:			
Signature of person submitting report		Date	

Follow Up:			
Follow Up Action required			
Person responsible for Follow Up			
Ministry Area		Date Due	
Follow up completed		Date	