

**The Alberta Conference of the Seventh-day Adventist Church
Incident Report Form**

This form is to be used to register all injuries, accidents, or mishaps that take place at any property and/or facility of The Alberta Conference of the Seventh-day Adventist Church. It is also to be used for all suspicions of child abuse or neglect.

Name of Person Injured: _____ Male ___ Female ___

Parent or Guardian, if applicable: _____

Residence Address: _____ Birthdate: _____

City: _____ Province: _____ Postal Code: _____

Mailing Address, if different: _____

Home Phone: () _____ Work: () _____ Cell: () _____

Name of Person Reporting (if other than the Person injured):

Residence Address: _____

City: _____ Province: _____ Postal Code: _____

Mailing Address, if different: _____

Home Phone: () _____ Work: () _____ Cell: () _____

Date / Time / Location of Incident: _____

Briefly describe the nature and extent of the injury, accident, or abuse: _____

Describe the circumstances under which you became aware of the incident. Include the names and phone numbers of witnesses:

Indicate the names of staff and/or authorized volunteers who have information about the incident and any action taken by them:

