



ACCIDENT REPORT FORM

This form is to be completed by the person witnessing an accident involving questionable behavior involving a worker with a child or youth

Date of Accident: _____ Time of Accident: _____

Name of Individual Injured: _____ Age: _____

Location of Accident: _____

Name of Person(s) who witnessed the accident:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Describe the accident: _____

Parent or Guardian: _____ Notified? _____

Resolution/Follow-up: _____

Reporter Signature

Date

Ministry Supervisor Signature

Date

Once this form is completed, please submit the form to the Pastor/Ministry Supervisor in charge. A copy of this report will be kept on file in the Simpsonwood United Methodist Church main office.