

**APPENDIX 11 – HOPE UCC
ACCIDENT/INCIDENT REPORT FORM**

PERSON/S INVOLVED: _____

MEMBER

VISITOR

EMPLOYEE of HOPE

ACTIVITY/ORGANIZATION: _____

DATE OF INCIDENT: _____ **TIME OF INCIDENT:** _____

LOCATION OF INCIDENT: _____

Check all that apply and briefly describe:

Incident _____

First Aid Administered _____

Medical Treatment Required _____

What happened? Provide details of the incident:

Witness(s): _____

Contributing Factors:

Submit this form to the Pastor or Moderator within 48 hours of the incident.

Pastor Follow-Up:

This report will be filed in the confidential files of the Pastor.