



Incident/Accident Report Form

Bodily Injury	<input type="checkbox"/>
Property Damage	<input type="checkbox"/>
Both	<input type="checkbox"/>

Date of incident/accident: _____ Time of incident/accident: _____

Name of person injured: _____ Male or Female

Age of injured _____ If a minor, parents notified: Yes / No

Parent/Guardian Name (if applicable): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Witness: _____ Phone: _____

Description of incident/accident: _____

Where incident/accident happened: _____

Details of incident/accident: _____

Action Taken: _____

How can we prevent further accidents: _____

- If incident occurred in PromiseLand, submit report to Susan Bogus
 - If incident occurred in Mosaic, submit report to Munyoki Mulwa
 - If incident occurred anywhere else, submit report to Cyrus Greene
- } File with Human Resources

Office Use Only

Date Report Received: _____ Received by: _____

Follow-up: _____
