

Acton Congregational Church Incident Report Form

Please check one:

- To be used to register all injuries, damage to church property, losses or thefts
- To be used to register concerns about behavior not appropriate for a volunteer position.

*Please return this form to the Church Administrator Cynthia Schimpf, at
Acton Congregational Church, 12 Concord Road, Acton MA 01720*

Person(s) involved:

Address: _____ W: _____

Telephone including area code; H: _____ W: _____

Age if under 21: _____

Name and address of parents if minor is involved: _____

Nature of incident: Injury Damage Loss Other

Date of incident: _____ Time: _____ a.m./p.m.

Date reported to ACC Safe Committee Chair:

Give brief description of incident; include exact location, nature and extent of any injury, items stolen (if cash, how much and what denomination), relevant sequence of events. Add additional pages as needed.

Names and addresses of other persons involved/witnesses: _____

Reported by (name): _____

Signature: _____

For Office Use

If injured person is a minor, was a copy submitted to parent/guardian? Yes

Date submitted: _____

Date reported to authorities and / or insurance company: _____

(Give details if applicable)

Actions taken to prevent recurrence:
