

Incident Report*

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Please use this form to document all

- Physical injuries
- Physical arguments
- Serious infractions of church rules or violations of legal statutes

Name of Child/Youth _____ Date ____/____/____

Other individuals involved: _____

Location of incident: _____ Time of incident: _____ am pm

Witnesses: _____

Incident: _____

Action Taken: _____

Parent/Guardian notified: ____ Yes ____ No Legal authorities notified: ____ Yes ____ No

Staff (paid or volunteer) completing this report:

Printed name

Signature

Please give this report to your congregation's Director of Religious Education.

*This form was developed at the First Unitarian Universalist Church of Austin, Texas.