

Faith Bible Church, 8130 East Kemper Road, Cincinnati, OH 45249

(513) 489-1114 voice (513) 489-2669 fax info@fbccincy.org

INCIDENT REPORT

Documenting observations, exceptions, accidents, medical issues, and/or abuse issues in working with Children, Youth, and/or People with Special Needs

For FBC use only -- This is not an insurance claim form.

CONFIDENTIAL

5 January 2009

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If additional pages are needed to provide information, please sign and date each page.

Name of Reporter: _____

Date and Time of Incident: _____

Location of Incident: _____

Describe what happened, including immediate follow-up actions: _____

Names of person(s) in charge of activity/event:

Names of workers and helpers present:

Names of persons directly involved:

(Check one for each person)

_____ ___ Child/Youth/SpecNeeds ___ Adult

_____ ___ Child/Youth/SpecNeeds ___ Adult

_____ ___ Child/Youth/SpecNeeds ___ Adult

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Names of other witnesses:

_____	_____
_____	_____
_____	_____
_____	_____

If abuse is suspected, alleged, or observed -- Relationship of victim(s) to the accused:

Describe what the actual or alleged victim said (if applicable): _____

Describe what the actual or alleged perpetrator said (if applicable): _____

Describe what other person(s) related to the incident said (if applicable): _____

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Other pertinent information: _____

To whom did you first report this incident? _____

Date and Time of that report: _____

Do you wish to remain anonymous to all persons other than those authorized to investigate this incident?
_____ Yes _____ No

Reporter's signature: _____

Date and Time of signature: _____

FOLLOW-UPS

Person receiving written report at FBC: _____

Date and Time: _____

Action summary: _____

Person contacting parent(s) (if applicable): _____

Date and Time: _____

Spoke with: _____

Action summary: _____

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CSPT finding – abuse response warranted? ____ Yes ____ No

CSPT representative signature: _____

Date and Time of signature: _____

Person contacting local agency: _____

Date and Time: _____

Spoke with: _____

Action summary: _____

Person contacting FBC insurance company: _____

Date and Time: _____

Spoke with: _____

Action summary: _____

Person contacting FBC attorney: _____

Date and Time: _____

Spoke with: _____

Action summary: _____

Other actions/contacts (furnish details): _____
