

**SALEM UNITED METHODIST CHURCH
Safe Sanctuaries Policy**

Incident Reporting Form

Please print all information

Date of incident: _____ **Time of incident:** _____

Location of incident: _____

Name(s) of child/youth involved: (1) _____
(2) _____
(3) _____

Address(es) of child/youth : (1) _____
(2) _____
(3) _____

Parent(s) or Legal Guardian(s): (1) _____
(2) _____
(3) _____

Name of person(s) who witnessed the incident:

Name: _____ **Phone #:** _____

Name: _____ **Phone #:** _____

Name: _____ **Phone #:** _____

Description of incident:

Action taken: _____

Parent(s)/Legal Guardian(s) notified: _____ (signature/date/time)

Report filed with Senior Minister: _____ (signature/date/time)

Printed name of person completing this report: _____

Signature: _____ **Date/Time:** _____