



# Occurrence/Incident Report

Date of Report \_\_\_\_\_

For definitions, reporting time frames and procedures see the Jennings Creek Christian Reformed Church Abuse Prevention Policy.

**Date and time of occurrence/incident:**

\_\_\_\_\_

**Name of Minor(s)/Vulnerable Person(s):**

\_\_\_\_\_

**Name(s) of Volunteer(s) involved:**

\_\_\_\_\_

**Please select one of the following types of incidents:**

Check box:

- Physical injury (trip, fall, scrape, cut, etc.)
- Critical Injury (broken bone, excessive bleeding etc.)
- Behavioral Incident/discipline of Vulnerable Person
- Physical Neglect
- Sexual Abuse
- Emotional Abuse
- Spiritual Abuse
- Verbal Abuse
- Financial Abuse
- Auto Accident

**Events that preceded the occurrence:**

\_\_\_\_\_

**Describe the occurrence:**

\_\_\_\_\_

\_\_\_\_\_

**Action taken following the occurrence:**

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**What is the current status/condition of those involved?**

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**Notifications:**

**Family and Children's Services of the City of Kawartha Lakes/Police contacted?**

Yes  No  Date and time of contact(s): \_\_\_\_\_

Name(s) of contact(s): \_\_\_\_\_

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**Family/Guardian contacted?**

Yes  No  Date and time of contact(s): \_\_\_\_\_

Name of contact: \_\_\_\_\_

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**Other notifications? (i.e. doctor, emergency personnel)**

Yes  No  Date and time of contact(s): \_\_\_\_\_

Name and title of contact: \_\_\_\_\_

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**Additional action required by volunteers or church staff?**

Yes  No

If yes, what action is required? \_\_\_\_\_

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**Signature of Volunteer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Ministry leader:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Safe Church Committee Representative:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

*[Print Name]*

*[Signature]*