crosswinds *wesleyan* church

# Incident Report

**Time of Incident: M_____D_____Y_____T_____** **Reported: M_____D_____Y_____T_____**

**Location of Incident_____**

**Incident Type:** **Report #** **Page 1 of ____**

☐ **Med Treatment/First Aid** ☐ **Injury** ☐ **Spill/Release** ☐ **CWC Prop. Damage**

☐ **Harassment/Abuse** ☐ **Sexual Harassment** ☐ **Other _____**

**Nature of Illness/Injuries:** **Person Hospitalized/Treated:** ☐ **Yes** ☐ **No** **If so, where:**

**Attending Physician:** **Related IR**

| **Name (s) of Persons Involved Including Witnesses** | **Address** | **Home Phone** | **Cell/Work** |
|---|---|---|---|
| Name (Last, First, MI) | | | |
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**Description of Incident/Medical Treatment Provided**

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| **Follow Up:** |
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|---|---|
| **Reporting Person/Date:** | **Type of Tech Work Performed:** |
| **Follow Up By:** | **Tech Work Performed By:** |
| **Date Follow Up Completed:** | **Executive Pastor/Date:** |

Revised 10/13/08
By: TYC

**Time of Incident: M_____D_____Y_____T_____** **Reported: M_____D_____Y_____T_____**

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| **Reporting Person/Date:** | **Executive Pastor/Date:** |
|---|---|
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Revised 10/13/08
By: TYC