



Safe
Church

Diocese of Fredericton Incident Report Form

(Anglican Corporation or Camp)

This form is to be used to report any incident that resulted in or could have resulted in injuries, illnesses, damage to health, fatalities, or material damage arising out of or in the course of an activity, event or program. This form is to be completed and submitted to the corporation's Safe Church Officer within 24 hours. In the case of the incident involving a child, youth or adult under care, the incident is to be reported to a parent, guardian or caregiver of the child, youth or adult within two hours, if practicable.

CONFIDENTIAL (WHEN COMPLETED)

The following questions refer to the person to whom the incident occurred. If the incident occurred to a group of people, please list these details for each person on the back or a separate page.

Full name: _____

Date of Birth: _____ Gender: _____
(not applicable for adult)

Address: _____

Telephone number: _____ Email address: _____

Name of parent, guardian or caregiver(if applicable): _____

Address: _____
(If different from above)

Telephone number: _____
(If different from above)

Has the parent, guardian or caregiver been notified: Yes ☐ No ☐

If yes, when and how: _____

Date, time and location of incident: _____

Detailed description of incident, including description of any injuries sustained:

Description of action taken:

Additional information including any direct quotes from participants or witnesses:

Names/contact information of witnesses (if applicable):

I hereby confirm that the information provided in this report is accurate to the best of my knowledge.

Name of person making report (*print*): _____

Signature: _____

Telephone number: _____

Address: _____

Date: _____