

Date of Report _____

Occurrence/Incident Report

For definitions, reporting time frames and procedures see the Community 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
- Mental Health Issue

Events that preceded the occurrence:

Describe the occurrence:

Action taken following the occurrence:

What is the current status/condition of those involved?

Notifications:

Family and Children's Services of the Waterloo Region contacted?

Yes No Date and time of contact(s):

Name(s) of contact(s):

Waterloo Regional Police Service Contacted?

Yes No

Occurrence # _____

Investigating Officer's name, rank, and badge # _____

Family/Guardian contacted?

Yes No Date and time of contact:

Name of contact:

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

Yes No Date and time of contact:

Name and title of contact:

Additional action required by volunteers or church staff?

Yes No

If yes, what action is required?

Signature of Volunteer:

Date:

Signature of Ministry leader:

Date:

Signature of Safe Church Committee Representative:

Date: