



# Western North Carolina Conference

The United Methodist Church

## INCIDENT REPORT MADISON UNITED METHODIST CHURCH

This form must be completed and filed for any accident or injury, as well as suspected or observed misconduct or abuse. When completed, submit this form to the Church Office. If you have questions, contact Wendy Biggs at [mumcnc@gmail.com](mailto:mumcnc@gmail.com) or (336) 548-6658.

### REPORT INFORMATION:

Reported By: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Title/Role (if applicable): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### INCIDENT INFORMATION:

Incident Type (select all that apply):  Accident  Injury  Suspected/Observed Misconduct/Abuse  Other: \_\_\_\_\_

Date and Time of Incident: \_\_\_\_\_ Event (if applicable): \_\_\_\_\_

Location: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Specific Area of Incident (e.g. playground): \_\_\_\_\_

Victim(s): (If possible, provide ages and phone numbers)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parties Involved: (If possible, provide phone numbers)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Witnesses: (If possible, provide phone numbers)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Incident Description: (attach extra pages, if needed)

Was medical treatment provided?  Yes  No  Refused

If yes, where/how was treatment provided:  On Site  EMT/Ambulance  Urgent Care  Emergency Room/Hospital

Specific Location: \_\_\_\_\_



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**OFFICE USE ONLY:**

Parent/Guardian notified in the event of an accident or injury?

Yes (attach copy of communication)    Date: \_\_\_\_\_    Initials: \_\_\_\_\_

Police report filed in the event of suspected/observed child/vulnerable adult abuse?

Yes (attach copy of report)    Date: \_\_\_\_\_    Initials: \_\_\_\_\_

Senior Pastor notified? (if not involved)

Yes (attach copy of communication)    Date: \_\_\_\_\_    Initials: \_\_\_\_\_

Supervisor notified? (if not involved)

Yes (attach copy of communication)    Date: \_\_\_\_\_    Initials: \_\_\_\_\_

Staff/Pastor Parish Committee notified? (if clergy or staff person involved)

Yes (attach copy of communication)    Date: \_\_\_\_\_    Initials: \_\_\_\_\_

Follow-up action:

**Incident Inquiry and Follow-Up Closed:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_