

Grace Church Incident Report

Report No. _____ Report Date _____

Reporting Persons Name _____ Phone _____

Incident Type _____ Incident Date _____ Time _____

Describe Location of Incident _____

Give brief description of incident and action taken _____

Incident Involved:(1) Name, Last _____ First _____

Age: _____ Gender: Male / Female Phone _____

Address _____

City _____ State _____ Zip _____

If a student, was the parent contacted Yes _____ No _____ Contacted by whom _____

(2) Name, Last _____ First _____

Age: _____ Gender: Male / Female Phone _____

Address _____

City _____ State _____ Zip _____

List Witnesses Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

List any property confiscated as a result of the incident _____

Were any of the following contacted: Police _____ Fire _____
Ambulance _____ Other _____

Reporting Persons Signature _____ Date _____

Security Directors Initials _____ Date _____