

Incident/Injury Report

First Unitarian Universalist Church of Austin
4700 Grover Ln. Austin, TX. 78756
512-452-6168

Date/Time/Location of Incident:

Name of Person(s) Involved:

Reported by:

Incidence Category (Check Below):

Property	Threat	Health	Other
Church property, personal property, vandalism, theft, etc.	Actions that pose concern for safety of others: verbal threats, bomb threat, etc.	Injury/accident, communicable disease reported on site, medical emergency, etc.	Suspicious item, improper or suspicious conduct, other.

Child Involved? Yes _____ No _____ (Please notify parent or guardian and obtain initials below)

Chronology and Description of Incident (attach more pages as needed):

Immediate action (attach more pages as needed):

Follow-up (list dates and actions when such follow up has occurred - attach more pages as needed):

Other Follow up Needed/Next Steps (if applicable, attach more pages as needed):

Incident witness (printed name)	Initials	Date
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Incident witness (printed name)	Initials	Date
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Parent/Guardian (printed name) (if applicable)	Initials	Date
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Church Staff	Initials	Date
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Please attach any other relevant documentation and file this report with a minister or faith development staff within one week of the incidence.