**Lighthouse Christian Church**

**SC046 –Incident Report Form**

|  |
| --- |
|  |
| Date |  |
| Name of Person Completing report |  |
| Role/Position |  |
| Contact Details |  |
| Witness Name |  |
| Witness Contact Details |  |

|  |
| --- |
| Incident Details |
| Date & Time of Incident |  |
| Location of Incident |  |
| Description of Incident |  |
| What immediate action was taken? |  |
| Was there an injury as a result of this incident?Name of Injured PersonAddress/Contact Details of person injured  |  |
| What first aid/medical care was provided (if any)? |  |
| Was there property damage as a result of this incident? Yes/No, If YES: |  |
| Was there vehicle damage as a result of this incident? Yes/No, If YES:Registration NumberDetails of Damage |  |

|  |
| --- |
| Submission:  |
| Signature of person submitting report |  | **Date** |  |

|  |
| --- |
| Follow Up:  |
| Follow Up Action required |  |
| Person responsible for Follow Up |  |
| Ministry Area |  | **Date Due** |  |
| Follow up completed |  | **Date** |  |