

**Western Presbyterian Church
Incident Report Form**

Person Completing Report:

Date of Report:

Reporter Contact Information (address, telephone, email)

Incident reported (also describe any injury/extent of injury):

Date of incident:

Location of incident:

Names of all persons involved – accused, victim, witnesses (with contact info if available):

Call to DC Child and Family Services Abuse Hotline: ____ Yes ____ No

If call to abuse hotline:

Date and time of call

Person making call

Person receiving call

Was first aid administered? If so, describe first aid treatment and name of provider:

Were any of the following contacted:

_____ Parent/Guardian (Name/Contact Info: _____)

_____ Police (Name/Badge Number/Contact Info: _____)

_____ Ambulance