

## Incident / Accident Reporting Form

1. Name of Church organisation \_\_\_\_\_

Venue/Activity/Group/Event \_\_\_\_\_

Date/Time \_\_\_\_\_

Name of Group Leader/Person responsible \_\_\_\_\_

Names of others present \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Location of Incident \_\_\_\_\_

Nature of Incident \_\_\_\_\_

Name of Child/Young Persons involved \_\_\_\_\_

Contact details of parents/guardians \_\_\_\_\_

\_\_\_\_\_

Telephone No \_\_\_\_\_

Date(s) of Birth \_\_\_\_\_

Give details of Incident/Accident

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Action taken both during and following incident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Archdiocese of Dublin

4. Date and time of people contacted \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Other relevant information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Signed \_\_\_\_\_

7. Dated \_\_\_\_\_

**FOR OFFICE USE ONLY** \_\_\_\_\_

Any Follow-up Action required? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed and Dated \_\_\_\_\_