

9.17. Incident Report

With the exception of your signature, please print all information.
Use additional sheet if necessary to provide details of this incident.

Date _____ Name of preparer _____

This is an: accident _____ allegation _____ other (specify) _____

Name(s) and age(s) of people involved: _____

Contact information of people involved (if minors were involved, include their parents' or guardians' names and contact information): _____

Date, time, and location of incident: _____

Describe the incident as reported or witnessed (be factual and objective): _____

Name(s) of staff member(s) or volunteer(s) involved: _____

Name(s) of other adult(s) witnessing or present during incident: _____

How was the incident brought to your attention (include name(s) and contact information of source(s) of information)? _____

Were there any visible injuries? _____ If yes, please list: _____

Incident Report, Cont.

How were the injuries treated? _____

Where and by whom were the injuries treated? _____

Name of parents/guardians notified: _____
By whom? _____ Date/Time _____

Does this incident require mandatory reporting to authorities (consult with Foursquare's corporate counsel)? _____
If yes, what authority was notified? _____ Date/Time _____

Describe action taken by that authority: _____

If notification was made:

Was Foursquare's corporate counsel notified? ___ Date/time _____ Person notified _____
Was Foursquare's insurance department notified? ___ Date/time _____ Person notified _____

Describe initial follow-up action with family/parents/guardians: _____

If staff member or volunteer was involved, what initial action has been taken?

Counseling _____ Warning _____ Suspension _____ Termination _____

Please provide additional details, if any: _____

Church/School/Camp Name _____ Code Number _____

Signature of preparer

Title

Printed name of preparer

Date

Signature of senior pastor or designee

Title

9.18. Incident Report – Supplemental Interview with Staff/Volunteer Accused

With the exception of your signature, please print all information.
 Use additional sheet if necessary to provide details of further interviews with staff/volunteer accused.

Date _____ Name of preparer _____

Name of staff member/volunteer accused _____ Date of alleged incident _____

Date of first interview with staff member/volunteer accused: _____

Persons present 1) _____ Title _____ Initials _____

2) _____ Title _____ Initials _____

3) _____ Title _____ Initials _____

Does staff/volunteer admit guilt? _____

Action taken by church/school/camp: Warning _____ Probation _____ How long? _____

Suspension _____ How long? _____ Termination _____ Effective date: _____

Date of subsequent interview (if necessary) with staff member/volunteer accused:

Persons present 1) _____ Title _____ Initials _____

2) _____ Title _____ Initials _____

3) _____ Title _____ Initials _____

Results: _____

Long term recommendation: _____

 Signature of minister

 Title

 Printed name of minister

 Date

**9.19. Incident Report – Supplemental
 Follow-Up With Family**

With the exception of your signature, please print all information.
 Use additional sheet if necessary to provide details of further follow-up with the family.

Date _____ Name of preparer _____

Date of meeting with parents/guardians _____ Location _____

Family members present: _____

Family attitude is: Angry _____ Hurt _____ Litigious _____ Other _____

Action requested by family: _____

Staff members/ministers present 1) _____ Title _____ Initials _____

2) _____ Title _____ Initials _____

3) _____ Title _____ Initials _____

Church/school/camp's response to family is: _____

Date of response/ministry to family: _____

Church/school/camp personnel involved in response:

Name _____ Title _____ Initials _____

Name _____ Title _____ Initials _____

Long term recommendation: _____

 Signature of minister

 Title

 Printed name of minister

 Date