

Office of Youth Ministry
Adolescent Catechesis
Diocese of Fort Worth
Incident Report Form

Date of Report: _____
Prepared by: _____ Phone: _____
Position/Title: _____
Event Name: _____
Event Coordinator: _____ Phone: _____

**People Involved
in the Incident**

Name: _____
Home Address: _____ Home Phone: _____
Event Address (# if applicable): _____
Date of Birth: _____ Gender: Male/Female Under 18: Yes/No If yes, then . . .
Parent/Legal Guardian's Name: _____ Phone: _____

Incident Information

Date of Incident: _____ Time of Incident: _____ am/pm
Specific Location of Incident: _____

Details of Incident: (Identify events, actions, injuries, parties involved, conditions, and factors that contributed to the incident.)

Action Taken

Action Taken (be specific): _____

Were the following contacted? Police: Yes/No Fire Dept: Yes/No Emergency Service: Yes/No
Ambulance: Yes/No If ambulance called.
Hospital Name: _____ Physician's Name: _____

**Incident
Prevention**

Action taken to prevent incident re-occurrence: _____

Witnesses

Name: _____ Position/Title: _____ Phone: _____
Name: _____ Position/Title: _____ Phone: _____
Name: _____ Position/Title: _____ Phone: _____
Name: _____ Position/Title: _____ Phone: _____
(Use other side, if needed)