

## 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 \_\_\_\_\_

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

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

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

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

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

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

Give details of Incident/Accident

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

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Archdiocese of Dublin

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

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

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

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

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

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

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