



Incident Report Form

It is the policy of Celebration Church Safety that all unusual and/or significant incidents on a Celebration Church Campus be documented on this Celebration Church Safety Incident Report. The incident will be investigated in a timely manner and appropriate follow up or remedial actions taken to prevent re-occurrence. Each campus should complete a form when necessary and the form should be forwarded to the Metairie/New Orleans campus in a timely manner.

Part 1: When and where did the incident happen?

Date of Incident: _____
AM or PM

Time of Incident: _____

If you did not personally observe the incident, when were you first informed of it?

What campus did the incident occur?

Metairie	Kenner	Westbank	Iglesia Kenner	Slidell
St. Bernard	Lower St. Bernard	LaPlace	Iglesia Metairie	Mandeville

Part 2: Type of incident

Describe the type of incident (examples: theft, fire, injury, suspicious activity, vandalism, potential or actual threats against staff members):

Have Police/Rescue/Fire/Pastoral personnel been contacted?

☐ Yes

☐ No

Have immediate safety needs been met?

☐ Yes

☐ No



Part 3: Who was involved?

Please complete for each person involved in the incident: Victims and witnesses:

Last Name	First Name	Gender M/F	DOB	Address/Phone #	Victim or Witness ? (V, W)	Injured? (Check box if yes)
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

If more than 4 victims/witnesses/instigators were involved in the incident, please attach an additional sheet with their details.

Please complete for each staff/volunteer involved in the incident, including staff who witnessed the incident:

Last Name	First Name	Staff Position Title	Phone #	Injured? (Check box if yes)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Part 4: What happened?

Incident details should be a brief factual account of the incident. Include who took each action, how, where, and when the incident occurred, and if there are injuries, the nature and extent of the injuries.

Describe the incident:

Reporting individual's name: _____

Phone #: _____ Date of report: _____ Time of report: _____

Signature: _____



Part 5: What actions have been taken?

Please describe what actions have been taken to resolve/mitigate the incident:

Print Name: _____

Position: _____ Phone #: _____ Date: _____

Signature: _____

Part 6: Endorsement/Review by senior staff / Safety Director:

Additional comments:

Signature: _____ Date: _____

Position: _____