

Incident Report

This form is to be completed by the person witnessing an incident involving questionable behavior involving a worker with a child or youth

Date of Incident: _____ Time of Incident: _____

Name of child/youth involved: _____

Address of child/youth: _____

Location of incident: _____

Parent or guardian: _____

Name of persons witnessing the incident:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Describe the incident: _____

Print name of person filing report: _____

Signature

Date