



INCIDENT REPORT

Legal Name: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone No: _____ Home Phone No: _____

Alternative Phone No: _____ Email Address: _____

Location of Incident: _____

Date of Incident: _____ Time of Incident: _____ AM/PM

Describe in your own words, the events leading up to the Incident:

Names (with Contact Information) of Witnesses and Board Member(s) Present:

Volunteer Signature: _____ Date: _____

Board Member Signature: _____ Date: _____