**Incident Report Washington Street UMC**

 (Please print)

**Date of incident**: **Time of incident**:

**Children, youth or vulnerable adults involved** (use back of form, if needed):

Name Age Address Parent/guardian

**Location of incident**:

**Names of persons who witnessed the event** (use back of form, if needed):

Name Phone number Name Phone number

**Describe event and actions taken** (use back of form, if needed):

**By signing this form, I attest that it contains a true and accurate account of the incident described.**

Name: Signature: Date:

 (print)

This report was submitted to: