

BUNCOMBE STREET METHODIST CHURCH

200 Buncombe Street, Greenville, South Carolina 29601

Incident Report

This form is to be retained in the files of the local church and may be requested as needed.

Potential Claim Information

Date Incident Reported: _____ Incident No. (assigned by Administrator): _____
Person Reporting: _____ Phone Number: _____
Person Injured: _____ Phone Number: _____

Incident Details

Date of Incident: _____ Time of Incident: _____ Incident Type: _____
Location: _____
Injuries: _____

Action taken so far: _____

Name / Role / Contact of Parties Involved:

Name / Role / Contact of Witnesses:

Witness: _____
Witness: _____
Witness: _____

If more space is needed, please continue entering information on back.

Incident Description (all supporting documentation must be attached)

If more space is needed, please continue entering information on back.

For Administrative Purposes

Date Replied: _____
Other Source Informed of the Incident: _____
Action Advised or Taken: _____

If more space is needed, please continue entering information on back.

Administrator Name: _____

Administrator Signature: _____ Date: _____

