

INCIDENT REPORT

Epworth United Methodist Church, 4241 Arno Road, Franklin, TN 37064

This form is to be completed by the person witnessing or reporting an incident involving questionable behavior involving a worker with a child or youth at Epworth United Methodist Church, 4241 Arno Road, 4340 Arno Road, or during a church- sponsored event off premises.

PLEASE PRINT

Date of Incident: _____ Time of Incident: _____ a.m./p.m.

Name of Child/Youth involved: _____ Date of Birth: ___ / ___ / ___ M / F

Address of Child/Youth: _____

City: _____ State: _____ Zip: _____

Home Phone Child/Youth: _____ Name of Parent or Guardian: _____

Name of Worker/Volunteer involved: _____ Position: _____

Location where incident occurred: _____

City: _____ State: _____ Zip: _____

Describe the incident: _____

Name of persons witnessing the incident:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Print Name of Person filing report: _____

Signature of Person filing report: _____ Date: ___ / ___ / ___

Please return completed form to the Church Administrator