FUSION CHURCH

NOTIFICATION OF INCIDENT REPORT

Date of Incident: _____ **Time of Incident:** _____ **Location of Incident:** _____

Name(s) of Person(s) Involved: _____

Contact Information of Involved Parties: _____

_____

Description of Incident: (Provide a detailed account of what happened, including any relevant details leading up to, during, and after the incident.)

_____

_____

_____

Witness(es) (if applicable):

Name(s): _____ Contact Information: _____ Statement(s): _____

_____

_____

Immediate Actions Taken: (Describe any steps taken to address the incident, including first aid, security involvement, or other measures.)

_____

_____

Was Law Enforcement or Emergency Services Contacted? ☐ Yes ☐ No

If yes, provide details: Agency Contacted: _____ Officer(s) Name/Badge Number(s): _____

Case/Report Number: _____

Follow-Up Actions Required: (Describe any necessary follow-up actions, such as contacting families, additional security measures, or counseling services.)

_____

_____

Submitted By: _____ **Role/Title:** _____ **Date Submitted:** _____

Reviewed By: _____ **Role/Title:** _____ **Date Reviewed:** _____

Additional Notes: _____

This report is to be completed immediately following an incident and submitted to the appropriate church leadership or safety team coordinator.