Incident Report

Joy El Ministries 3741 Joy-El Drive; Greencastle Pa 17225 (717) 369-4539

Date of Report	Date of Incident	Time of Incident AM☐ PM☐

Person Reporting_____ Phone# ( )_____

Address_____City_____St_____Zip_____

Personal Data – Injured party

Name_____ Age____ Gender: Male ☐ Female ☐

Address:_____ City_____ St_____ Zip_____

Phone Number(s): Home( )_____ Work ( )_____

Family Contact (name and phone#)_____ ( )_____

Incident Data – Factual Information

BA/CIA Program:_____

Location of Incident:_____

Description of Incident:_____

_____

_____

Was an injury sustained? Yes ☐ No ☐

If yes, describe the type of injury sustained: _____

_____

_____

_____

_____

ACTION TAKEN_____

_____

_____

_____

Witnesses:

1. Name_____Phone # ( )_____

   Address_____City_____St_____ Zip_____

2. Name_____Phone # ( )_____

   Address_____City_____St_____ Zip_____

Follow up:

_____

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