



Westheights Community Church  
 82 Westheights Drive, Kitchener, ON N2N 2A8

## INCIDENT REPORT FORM

**Note:** This form is to be completed for *any* injury

Name of Church: WESTHEIGHTS COMMUNITY CHURCH  
 Contact Person: Name: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_

**INJURED PERSON**

Name: \_\_\_\_\_  Guest  Volunteer  Staff  Student  Other  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Home Address: \_\_\_\_\_

**THE INCIDENT**

Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_ am/pm  
 Place: \_\_\_\_\_  
 Circumstances of Incident: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Nature of Injuries: \_\_\_\_\_  
 \_\_\_\_\_

Describe Treatment Administered: \_\_\_\_\_  
 \_\_\_\_\_

**WITNESSES**

Name of Witnesses: (1) \_\_\_\_\_ (2) \_\_\_\_\_  
 Address of Witnesses: (1) \_\_\_\_\_ (2) \_\_\_\_\_

RISK MANAGEMENT: What steps must be taken to prevent a recurrence? \_\_\_\_\_  
 \_\_\_\_\_

By whom? \_\_\_\_\_

Anticipated date of completion: \_\_\_\_\_

**SIGNATURES**

Injured person (or parent) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Person who performed first aid treatment \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_