

APPENDIX L

POLICY OF BEL AIR UNITED METHODISTCHURCH FOR THE PREVENTION OF ABUSE OF CHILDREN AND YOUTH

ACCIDENT/INCIDENT REPORT

Bel Air United Methodist Church
21 Linwood Avenue
Bel Air, MD 21014

Date: _____ Time: _____

Name of Involved Person: _____

Location of Incident: _____

Program or Event: _____

Description of How Incident Occurred: _____

Supervisor of Event At Time Of Incident: _____

Witness(es) To Incident: _____

Procedures Followed: _____

Other Pertinent Information: _____

Name of Person Completing Incident Report: _____

Phone Number: _____

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TO BE COMPLETED BY APPLICABLE DIRECTOR OR APPOINTED CLERGY

Reported To Director Or Appointed Clergy:

Date: _____ Time: _____

Summary: _____

Contact Local Children and Family Service Agency (If Necessary):

Date/Time: _____

Spoke With: _____

Summary: _____

Contact Local Law Enforcement Agency:

Date/Time: _____

Spoke With: _____

Summary: _____

Other Contacts:

Name: _____

Date/Time: _____

Date/Time: _____

Summary: _____
