

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 <input type="checkbox"/>	PM <input type="checkbox"/>

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

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: _____