

**The Alberta Conference of the Seventh-day Adventist Church  
Incident Report Form**

This form is to be used to register all injuries, accidents, or mishaps that take place at any property and/or facility of The Alberta Conference of the Seventh-day Adventist Church. It is also to be used for all suspicions of child abuse or neglect.

Name of Person Injured: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Parent or Guardian, if applicable: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Work: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

Name of Person Reporting (if other than the Person injured):  
\_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Work: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

Date / Time / Location of Incident: \_\_\_\_\_

Briefly describe the nature and extent of the injury, accident, or abuse: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the circumstances under which you became aware of the incident. Include the names and phone numbers of witnesses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate the names of staff and/or authorized volunteers who have information about the incident and any action taken by them:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give any other information you think might be helpful in establishing the cause of the incident and/or the person(s) responsible for it. If known, please provide the name(s) of the alleged perpetrator(s):

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Signature of Person Reporting: \_\_\_\_\_ Date: \_\_\_\_\_

Role/Function/Position of Person Reporting: \_\_\_\_\_

PLEASE SEND A COPY OF THIS COMPLETED FORM TO:  
**The Alberta Conference of the Seventh-day Adventist Church**  
**5816 Highway 2A Lacombe; AB.; T4L 2G5**

*For Office Use Only*

Date Report Received: \_\_\_\_\_ Report Received by: \_\_\_\_\_

\_\_\_\_ (If Injured Person is a child) Copy submitted to Parent/Guardian

Date submitted: \_\_\_\_\_ Submitted by: \_\_\_\_\_

\_\_\_\_ Copy submitted to others: \_\_\_\_\_

Date submitted: \_\_\_\_\_ Submitted by: \_\_\_\_\_

\_\_\_\_ Copy submitted to others: \_\_\_\_\_

Date submitted: \_\_\_\_\_ Submitted by: \_\_\_\_\_

Further Action:

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Comments:

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