

Cornerstone Church
Incident Report

Date Of
Incident: _____

Time Of
Incident: _____

Leader In Charge at time of Incident:

Name of Injured
Party: _____

Age Of Injured
Party: _____

Location in Church Incident Occurred: (Please Check One)

Sanctuary: _____ Fellowship Hall: _____ Class Room: _____
Nursery: _____ Wee Worship: _____ KIDS Church _____
Bathroom: _____ Stairwells _____ Conference Rm: _____
Parking Lot: _____ Exterior of Building: _____

Please Describe In Detail the Incident:

First Aid Administered? If So describe what actions were taken:

Whom did this incident get reported to?

Please turn this report into the Church Administrator
