1st Free Will Baptist Church of Park Hills

# Incident Report

FRM-001 | RELATED POLICY: Abuse, Misconduct, and Incident Reporting; Ministry Event and Activity Safety; Church Transportation and Vehicle Use; Safety & Security Team

**Respond to immediate danger first. Call emergency services and make any legally required report without waiting to complete this form.**

## 01 Report and incident details

| Date report completed | Completed by (name / ministry role) | |
|---|---|---|
| Phone or contact method | Incident date | Incident time |
| Location / room / vehicle | Church activity or ministry | |

- ☐ Injury / medical
- ☐ Suspected abuse / neglect
- ☐ Threat / security
- ☐ Other (describe below)
- ☐ Accident / vehicle
- ☐ Misconduct / boundary concern
- ☐ Property damage / unsafe condition

## 02 People and witnesses

| Person(s) involved / affected | Role or relationship | Contact / age if relevant |
|---|---|---|
| | | |
| | | |

| Witness / person who supplied information | Contact or other identifying detail |
|---|---|
| | |
| | |

## 03 Factual account

Describe what you personally observed or what was reported to you. Identify the source of any secondhand information. Do not speculate or assign blame. Attach additional pages if needed.

## 04 Immediate response

Actions taken, first aid / medical response, safeguarding steps, or other immediate action

- ☐ Emergency services called
- ☐ Medical assistance requested
- ☐ People separated / area secured
- ☐ Evidence or records preserved

## 05 Reports and notifications

- ☐ Civil authorities contacted
- ☐ Civil authorities not contacted
- ☐ Parent / guardian notified
- ☐ Church leadership notified

**Agency / officer / report number (if applicable)**

**Date and time contacted**

| Person / agency notified | By whom / method | Date and time |
|---|---|---|
| | | |
| | | |
| | | |

## 06 Submission and follow-up

Important follow-up needed or additional records attached

**Submitted to (Lead Pastor / Deacon / General Board contact)**

**Submission date / time**

**Reporter signature**

**Date**