

INCIDENT REPORT
Unitarian Universalist Fellowship of Central Oregon

Use this form to record incidents that relate to the safety and security of our church facility and those who are using the building and grounds.

Please provide details, such as time and location, who was involved the outcome of the incident.

Thank you.

Date of this report: _____

Date of the incident or incidents: _____

Your name: _____

Your phone & email _____

Your description of what took place: (Use the back of the report form, as necessary.)

Others who were informed of the incident reported above:

Staff _____

Law enforcement/fire/medical _____

Outcome for you, personally: _____