

INCIDENT REPORT

The purpose of this report is to document the circumstances, actions and situations that are beyond normal conditions or normal behavior, such as arguments/fights, emotional outbursts, lost child, potential (“near miss”) accidents, radically threatening weather, etc.

Please have anyone observing or having knowledge of an incident complete this form immediately after occurrence.

Name of person submitting report: _____ G.S. position: _____

Street Address: _____ City: _____ State: ____ Zip: _____

Phone number: _____ Date of incident: _____ Time: _____ am/pm

Troop Leader: _____ Troop number: _____

Service Unit: _____

Location: _____

Name(s) of individual(s) involved: _____

Description of the incident – Describe in detail: Please include the setting, and what happened:

How did it end? _____

Witnesses to the Incident: _____

Any further action taken, or any further action that needs to be taken: _____

Date: _____ Signature: _____

Please make 3 copies and distribute as follows:
Copy to Troop Leader, Service Unit Manager, Council Service Center Attn: Manager
Service Unit Support