

BUNCOMBE STREET UNITED METHODIST CHURCH

Greenville, South Carolina

Incident Report

This form is to be retained in the files of the local church and may be requested as needed.

Potential Claim Information

Date Reported: _____

Person Reporting: _____ Phone Number: _____

Person Injured: _____ Phone Number: _____

Incident Details

Date of Incident: _____ Time of Incident: _____

Injuries: _____

Action taken so far: _____

Incident Description (all supporting documentation must be attached)

For Administrative Purposes

Date Replied: _____

Other Sources Informed of Incident: _____

Action Advised or Taken: _____

Signature: _____ Date: _____