

Girl Scouts of Shagbark Council Incident Report Form



Girl Scouts®

Girl Scouts of Shagbark Council
4102 S Water Tower Place
Mt. Vernon IL 62864

Date Form Completed: _____

Form Completed By: _____ Position: _____

Name of Girls/Adults/Others Involved With Incident:

_____ Age: _____ _____ Age: _____

_____ Age: _____ _____ Age: _____

Date of Incident: _____ Time: _____
Month Day Year a.m. p.m.

Where did incident occur? (If appropriate, be very specific. Describe location, people's positions, etc. as pertinent.)

Describe the incident in detail:

Was the person participating in an activity at the time of the incident? _____

If yes, what?

Action taken during the incident (and by whom)?

Names of witnesses to incident:

Comments/Other:

Signature: _____ Position: _____

Date: _____

For Office Use Only:

Date Received: _____

Initial: _____

Follow-up action taken: