ACCIDENT/INCIDENT REPORT FORM

An incident is a situation involving 1) abuse of any kind - mental, physical, emotional, or sexual abuse; 2) an injury due to an accident; or 3) possession of illegal or indecent property such as weapons, drugs, or pornography.

Per Texas Family Code Sec. 261.101, Texas is a mandatory reporting state. Any person having cause to believe that a participant’s physical or mental health or welfare has been adversely affected by abuse or neglect by any person is obligated by Texas law to immediately make a personal report to a law enforcement agency or to the Texas Department of Protective and Regulatory Services (TDPRS) Abuse Hotline (1-800-252-5400) or online at www.txabusehotline.org. In addition, accidents and incidents, whether abuse, neglect or other, that occur on the property of or within the context of ministry by First United Methodist Church (FUMC) shall be immediately reported to church staff using this form.

Name of Person Completing Form: ________________________________________ Role: _______________________________

Phone #: ________________________________________ Email: _____________________________________________________

Date and Time of Incident: ____________________________ Place of Incident: _______________________________________

Describe Incident, including names of any alleged victims and any accused of wrongdoing.
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Was anyone hurt? Describe the nature of the injury.
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Name(s) of Witness(es) to Incident:
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Witness Phone #: ______________________________  Witness Email: ________________________________________________

What action was taken? Describe medical treatment/first aid if any.
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Was Parent/Guardian Contacted?  ☐ YES ☐ NO ☐ N/A  Time: ________   How? __________________________________

Guardian Name:_______________________________ Phone #:_____________________  Email:__________________________

Check at least one church staff member below who has been notified of incident:
☐ Director of Operations  ☐ Director of Children’s Ministries  ☐ Director of Youth Ministries
☐ Senior Pastor (must receive a copy of all reports)

___________________________________________________________________ _________________________
Signature of Reporter                   Date/Time

___________________________________________________________________   _________________________
Signature of Parent/Guardian (for incidents involving a minor under 18 years of age)  Date/Time

___________________________________________________________________   _________________________
Signature of Church Staff Member               Date/Time

This form to be completed at the time of the accident/incident, with copies given to (1) the person accused of wrongdoing (if any), (2) the reporting individual, (3) the parent, (4) the Senior Pastor, and/or (5) the FUMC Director of Operations and/or SPRC as appropriate.