



## 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](http://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.