DIOCESE OF WATERFORD & LISMORE
Accident / Incident Report Form

Parish / Church area:_____

Date of accident / incident:_____

Reported by:_____

Ministry of Person Reporting: (i.e. priest, altar server co-ordinator, choir leader etc.)
_____

Details:_____

_____

_____

Location of activity:_____

Type of activity: (training, practice, mass, retreat, outing etc.)_____

Time of accident / incident:_____

Parties involved:_____

Parents / Guardians informed (please tick): Yes ☐ No ☐
If yes, by whom, if not why not?

Any Follow-up_____

_____

Date: _____ Form completed and signed by:_____

For Diocesan Use / Response

Date Received_____

Action Taken:_____

_____

_____

Signed: _____ Date:_____

Comments: _____

_____