

Member Last Name	Member First Name	Member Date of Birth	Clubhouse

Please provide involved youth's information above. If multiple youth involved, complete a separate report for each youth.



INCIDENT REPORT

Notify supervisor within 1 hour of incident. Incident report must be completed before the end of the current shift

EMPLOYEE/VOLUNTEER INFORMATION (person filling out the report)	
Name _____ <i>First/ Last Name</i>	Department/Clubhouse _____

INCIDENT INFORMATION	
Date of Incident: _____	Time: _____ AM/PM
Exact Location: _____ <i>(Please be precise, ex: Woodland Park Game Room, on the playground slide, under the pool table)</i>	

Please check all that apply

<input type="checkbox"/>	Injury	<input type="checkbox"/>	Physical Aggression	<input type="checkbox"/>	Social Aggression
<input type="checkbox"/>	Risk to self	<input type="checkbox"/>	Property Damage	<input type="checkbox"/>	Theft
<input type="checkbox"/>	Vehicle Incident	<input type="checkbox"/>	Technology Issue	<input type="checkbox"/>	Other

Description of what happened (please be specific ex. Johnny fell on the playground and scratched his hand – think “where and how” : _____ _____ _____ _____	
Action Taken (Please be specific – what happened after the incident, how was the incident handled) _____ _____ _____ _____	
Assistance Rendered (Fire, Medical, Police) _____ _____	
Other Youth Involved <i>(First / Last Names and DOB for each, continue on back if necessary)</i>	All Staff Involved or On Duty <i>(First/Last Name, continue on back if necessary)</i>
_____	_____
_____	_____
_____	_____

Continued next page

This is an internal document. Do not distribute outside the organization. Please refer requests to the Safety Coordinator
Disburse Copies of Report As Follows: Supervisor _____ Area Manager _____ Safety Coord _____

Member Last Name	Member First Name	Member Date of Birth	Clubhouse

Please provide involved youth's information above. If multiple youth involved, complete a separate report for each youth.

Boys & Girls Clubs Incident Report Page 2

Parent contact necessary? Yes No (All head/neck injuries require contact)
 Time/Date of contact: _____ Person contacting parent _____ (Supervisor unless otherwise directed)
 Name of Parent/Guardian contacted: _____
 Method of contact: Phone In person Other Method (explain) Details of Contact: _____

Risk Management contact necessary? Yes No (Any incident that requires help from an outside source)
 Time/Date of contact: _____ Person contacting RM _____ (Supervisor unless otherwise directed)
 Name of Risk Management Member contacted: _____
 Method of contact: Phone In person Other Method (explain) Details of Contact: _____

Additional comments _____

Signature of employee/volunteer reporting incident

Printed name of employee/volunteer reporting incident

Signature of Supervisor

Printed name of Supervisor

Membership Verification: Active Member Non-Member

Supplemental Investigative Form Needed: Yes No

Supplemental Investigative Form Attached: Yes No

**This is an internal document. Do not distribute outside the organization. Please refer requests to the Safety Coordinator
 Disburse Copies of Report As Follows: Supervisor Area Manager Safety Coord**