



**Orthodox Church in America**  
**Diocese of New York and New Jersey**  
*Department of Youth Ministry*

**INCIDENT REPORT FORM**

Name of Individual Submitting Form and Role: \_\_\_\_\_

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_ AM PM

Location of Incident \_\_\_\_\_

This incident involved the following (please check as many as are applicable):

- |   |   |
|---|---|
| <input type="checkbox"/> Participant/Camper | <input type="checkbox"/> Chairperson/Director |
| <input type="checkbox"/> Chaperone          | <input type="checkbox"/> Chaplain             |
| <input type="checkbox"/> Parent             | <input type="checkbox"/> Venue Staff          |

Please list names of those involved and indicate with a "F" or "M" in parentheses after the name to indicate their gender:

_____	_____
_____	_____
_____	_____
_____	_____

Where did the incident occur?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Was anyone injured?** *If yes, who and in what ways.* Yes No

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Injury: \_\_\_\_\_

Injury: \_\_\_\_\_

**Were they taken to the hospital?** Yes No

*If yes, to which one and by what means of transportation?*

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**Please give a description of the incident. Use additional pages if necessary.**

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**Please describe how the situation was handled:**

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**Please list any others who witnessed the incident:**

_____	_____
_____	_____
_____	_____
_____	_____

**Was this a repeat offense or incident for those involved?** Yes No

**Did the authorities have to be contacted?** Yes No

*If yes, who was contacted and who arrived?*

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**I attest that the information on this form is correct and true to the best of my knowledge.**

**Signature** \_\_\_\_\_ **Date Submitted** \_\_\_\_\_

**Signature of Youth Department Chairperson** \_\_\_\_\_ **Date** \_\_\_\_\_

This form is confidential and will only be used by the Diocesan Hierarch, Youth Department Chairperson, Chaplain, Youth Event Chaperones, and/or the proper involved individuals, if the occasion arises.