

Responsible Ministry & Safe Environment Roman Catholic Diocese of Victoria



Incident Report Form

Parish / School / Organization Name			
Report Date (DD/MM/YR)	Time of R	REPORT AM	PM
Full name of child / youth / adult			
Age / Grade (not necessary for adult)	Gender	M	F
Home address			
Phone Number Cell number		IBER	
Email Address			
Name of Parent / Guardian (for child) or	R CAREGIVER (for adult)		
HAS THE PARENT/GUARDIAN/CAREGIVER BE	EEN NOTIFIED?	YES	NO
If yes, date / time of notification (DD/N	MM/YR) TIME	AM	PM
Date / time and location of incident (I	DD/MM/YR) TIME	AM	PM
Date (DD/MM/YR)	Location	ī	
DESCRIPTION OF INCIDENT(s). If additional	space is required, please att	ach additional sheet(s)	
Names / contact information of witne	SSES		
Name	Home Phone	Cell Phone	
Name	Home Phone	Cell Phone	

DESCRIPTION OF INJURIES SUSTAINED



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DESCRIPTION OF ACTION TAKEN

Additional relevant information	
DIRECT QUOTES FROM THE CHILD/YOUTH/AD (Note: if this is an abuse allegation, do not interview the	DULT e child/youth/adult, but report only the comments they share with you.)
I hereby confirm that the information provided Name of Person making report (if hands	d in this report is accurate to the best of my knowledge. WRITING REPORT, PLEASE PRINT)
Home phone Number	Cell number
Home address	
Email address	
SIGNATURE OF PERSON MAKING REPORT	
Date	
NOTE TO CITY OF THE COLUMN TO	

NOTE: The person filing this report must submit the original to the Diocesan Responsible Ministry Coordinator as soon as possible. The person reporting the incident should keep a copy for their personal records. If this is an allegation of abuse of a person under 19 years of age, it must be reported immediately to a protection agency or police. Children's Helpline: (250) 310-1234.