

South Louisville Christian Church

OCCURRENCE DOCUMENTATION - CONFIDENTIAL

Date/Time of Report _____

Date/Time of Event _____

REPORT TO BE COMPLETED AS SOON AS POSSIBLE AFTER THE EVENT

Person Completing Report _____

Type of Event _____

Location of Event _____

Witnesses to Event _____

Describe in detail the circumstances/conditions before the event:

Provide Details of the Event:

Photos Taken:

Evidence Collected:

EMS/Police/Fire Called:

UPDATED INFO

Signature of person completing report _____

Title/Postion _____

Revised June 2013

Church Office Use Only:

Filed:

Copy(s) to: