

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: _____
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For Diocesan Use / Response

Date Received _____

Action Taken: _____

Signed: _____ Date: _____

Comments: _____
