



Unitarian-Universalist Church of Nashua  
58 Lowell Street  
Nashua, NH 03064  
(603)882-1091  
www.uunashua.org

## Incident Report Form

This form shall be used by staff and/or members that witness or become aware of an incident causing injury and/or damage to property. This report shall be given to a staff member or turned into the church office as soon as possible.

Name of Person Completing this form: \_\_\_\_\_ Date: \_\_\_\_\_  
Please print first, last name

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

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

Name(s) & age(s) of Injured: \_\_\_\_\_

Address(s): \_\_\_\_\_

Property Damaged: \_\_\_\_\_

Briefly describe what happened:

Was an ambulance called? YES NO What hospital was injured taken to? \_\_\_\_\_

What action did you take or was taken at the time of the incident?

Were there any witnesses? YES NO Name(s) of witnesses & contact information:

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

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

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

Has the cause of the incident been removed? YES NO N/A

Are there follow up steps you believe should occur? YES NO N/A If yes please describe:

\_\_\_\_\_  
Signature of person completing form

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Printed Name/Title

Contact Insurance: YES NO Date: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Notes: