

Incident & Safety Concern Reporting Form

(Use this form to document a serious accident, concern for girl safety or complaint.)

(Use this form to doc	differit a serious acc	ident, concern for gin	salety of complaint.)			
Location:						
Description of incident or cond	cern:					
Date(s) of Incident: Names of Persons Involved (i	ncluding ages and tr	roop if girls):				
Any Witnesses? Yes	No					
Names and phone numbers o	f any witnesses:					
Description: If an injury was sustained: 1. Type of inj person continue activity, go home, go to						
If this is a concern for girl safety, please provide specifics and contact information for all parties involved.						
Resolution:						
Submitted by:		Date:	Phone #:			