APPENDIX L

POLICY OF THE TOWSON UNITED METHODIST CHURCH FOR THE PREVENTION OF ABUSE OF CHILDREN AND YOUTH

ACCIDENT/ INCIDENT REPORT

The Towson United Methodist Church

Date:	Time:
Name of involved person:	
Location of incident:	
Program or event:	
Description of stated or visible injury:	
Description of how incident occurred:	
Supervisor of event at time of incident:	
Witness(es) to incident:	
Procedures followed:	
Other pertinent information:	
Name of person completing Incident Report:	
Phone number:	

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TO BE COMPLETED BY APPLICABLE DIRECTOR OR SENIOR CLERGY

Reported to Director or	enior Clergy:	
Date:	Time:	
Summary:		
Contact with involved p	son's Parent:	
Date/time:		
Spoke with:		
Contact local children a	I family service agency (if necessary):	
Date/time:		
Contact local law enfor	ment agency:	
Date/time:		
Spoke with:		
Other contacts:		
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