

# Incident Report

An "incident" is any occurrence, including but not limited to accidents, which involves or could potentially involve injury to persons or property or a breach of safety or security.

An incident could involve not only Girl Scouts, but also staff, visitors, or volunteers.

This form is to be completed by the troop/group leader/event director/staff member and submitted to the council within a day of the incident to [support@girlscouts-gssi.org](mailto:support@girlscouts-gssi.org).

If the incident involves a girl, the original permission form should be attached.

Type of Incident \_\_\_\_\_

Incident time \_\_\_\_\_ Incident date \_\_\_\_\_

Location \_\_\_\_\_

Person(s) involved (Include witnesses.) Use the reverse side of this form if more space is needed.

Indicate: \_\_\_\_\_ Witness \_\_\_\_\_ Person Involved \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Phone number \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Indicate: \_\_\_\_\_ Witness \_\_\_\_\_ Person Involved \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Phone number \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Indicate: \_\_\_\_\_ Witness \_\_\_\_\_ Person Involved \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Phone number \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Summary of incident. Use the reverse side of this form if more space is needed.

Injuries \_\_\_\_\_ Yes \_\_\_\_\_ No Disposition \_\_\_\_\_

Family (parent/guardian/spouse) contacted? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes - by whom \_\_\_\_\_ When \_\_\_\_\_

Authorities contacted? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes - by whom \_\_\_\_\_ When \_\_\_\_\_

Report given by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Report recorded by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Report must be reviewed and signed by a Director, VP of BS, CIO or the CEO:

\_\_\_\_\_  
Signature Position Date