

**Cornerstone Assembly of God**  
**Accident/Injury/Abuse Report**

**Part 1: Complete for all Accidents/Injuries**

Date of Incident: _____	Persons Involved: _____
Time of Incident: _____	_____
Place of Incident: _____	_____
Staff Member Completing Form: _____	_____
_____	Date & Time Reported to staff: _____

**Part 2: Complete for Personal Injury/Abuse/Suspected Abuse**

Describe what happened: _____	
_____	
_____	
_____	
Was medical treatment (including first aide) needed? Y / N	
Describe Action Taken _____	
_____	
_____	
If the Injury involved a child, were the parents notified? Y / N	Time: _____
Method of Contact (phone, in person): _____	
Signature of Staff Completing Form: _____	
Signature of Parent Guardian: _____	
Signature of Person Involved: _____	

**Part 3: Complete for Property Damage Only.**

Describe what happened: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Actions Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Reporting Individual: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Staff Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only.**

Is this a repeat occurrence Y / N

Plan of Action: \_\_\_\_\_

Is disciplinary action necessary? Y / N

\_\_\_\_\_

If Yes, describe disciplinary action:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If damage costs are a result of this incident, is the replacement value greater than \$250? Y / N

\_\_\_\_\_

\_\_\_\_\_

If Yes, What is the estimated cost? \_\_\_\_\_

Signature: \_\_\_\_\_

Staff Assigned to Follow Up: \_\_\_\_\_

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

By signing above, I agree to the plan of action.