# Incident Report Form

**REPORTED BY:** ________________  **DATE OF REPORT:** ________________

**PROJECT SITE:** ________________  **CHURCH/GROUP NAME:** ________________

## INCIDENT INFORMATION

<table>
<thead>
<tr>
<th>INCIDENT TYPE</th>
<th>DATE OF INCIDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**LOCATION:**

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SPECIFIC AREA OF LOCATION (if applicable):**

## INCIDENT DESCRIPTION


## NAME / ROLE / CONTACT OF PARTIES INVOLVED

1. 
2. 
3. 

## NAME / ROLE / CONTACT OF WITNESSES

1. 
2. 
3. 

**POLICE REPORT FILED?** ________________  **PRECINCT:** ________________

**REPORTING OFFICER:** ________________  **PHONE:** ________________

## FOLLOW-UP (for ACTION)

**NAME:** ________________  **SIGNATURE:** ________________  **DATE:** ________________

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4001 Mission Oaks Blvd., Suite S, Camarillo, CA 93012 ~ P: 805.987.0300 ~ F: 805.987.0334 ~ ACTION@actionvc.org ~ www.actionvc.org

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