Injury / Incident Report

Date Report Submitted

REPORTER'S INFORMATION			
Name		Title	
Email	Phone		
Supervisor	Phone or Email		
INJURED / COMPLAINTANT INFORMATION			
Name	Age		
Parent / Guardian Name(s) IF UNDER 18			
Address			
Email	Phone		
INFORMATION ABOUT THE ACCUSED (IF APPLICABLE)			
Name		Age	
Relationship to suspected victim			
Is the Accused an employee?	YES NO		
DETAILS OF INJURY / INCIDENT			
Date	Time I	ocation	
Nature of Injury / Incident			
Was a parent contacted (IF APPLICABLE)		& Time contact	
Name of parent contacted	Who co	ntacted e parent	
How was the parent contacted	N-PERSON NONE E	AIL TE	
Describe any care or first aid given, and who provided it			
Was anyone else involved or a witness to the injury / incident (provide name and contact info)			
Did you notify state or local authorities	YES NO If other prov	er agency, ride name	
Agency Contact		e & Time of contact	

DETAILS OF THE INJURY / INCIDENT (CONTINUED)			
Provide any other additional details below			
Reporter's Printed Name			
Reporter's Signature	Date		

Copies of this report shall be filed, in envelopes, with the Administrator and Senior Warden

Important Numbers

Abuse Hotline (FL Dept. of Children and Families) 800-96-ABUSE (22873)

Chapter 39 of the Florida Statutes (F.S.) mandates that any person who knows, or has reasonable cause to suspect, that a child is abused, neglected, or abandoned by a parent, legal custodian, caregiver, or other person responsible for the child's welfare shall immediately report such knowledge or suspicion to the Florida Abuse Hotline of the Department of Children and Families.

State of Florida Florida DCF Online Reporting

State of Georgia
Georgia CPS Online Reporting

State of Alabama

Alabama Reporting Information

Gulf Atlantic Diocese
904-300-0512
safeguarding@gulfatlanticdiocese.org
GAD Online Reporting

National Suicide Prevention Lifeline 800-273-TALK (8255)
Available 24/7.

Crisis Text Line
Text 741741

To connect with a Crisis Counselor. Available 24/7.