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Jacksonville, FL 32205
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INCIDENT REPORT FORM

GUIDELINES: Use this form to document an incident that warrants the attention of the council and/or the Chief Executive Officer. Information contained in this report is confidential and should only be discussed with the appropriate council personnel. Please forward the form to the customer.service@girlscout-gateway.org.

Primary Person Involved or Incident Description _____

Report Date _____ Person Completing Form _____ Staff / Volunteer Position _____

Address including City, State Zip _____

Phone Number (enter 10 digit # w/o spaces) _____ Service Unit _____ Troop/Group _____ Level _____

Briefly describe the incident and subsequent resolution.

Date of Incident _____ Time HH:MM _____ AM PM Location _____ Police Report # _____

IF NEEDED, USE PAGE 3 TO COMPLETE INCIDENT DESCRIPTION

COMPLETE THIS PAGE IN ITS ENTIRETY

Please provide the following information on all participants, witnesses, etc. to the incident.

Name	Address	Parent's Name	Phone Number(s)	Role in Incident (witness)

Please attach copies of any documentation or other reports supporting report of incident.

If necessary, use this page to continue description of incident from Page 1.