

**Diocese of Amarillo  
Office of Youth Ministry**

<b>INCIDENT REPORT</b>
------------------------

Parish: \_\_\_\_\_

Report By (Person Filling out Incident Report): \_\_\_\_\_

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

Youth/Participant/Adult Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Addresses: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Parent/Guardian (Father): \_\_\_\_\_

Parent/Guardian (Mother): \_\_\_\_\_

Parent/Guardian (Other): \_\_\_\_\_

Youth Resides with: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ AM/PM \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of incident:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witnesses:

Name: \_\_\_\_\_ Position/Volunteer: \_\_\_\_\_

Name: \_\_\_\_\_ Position/Volunteer: \_\_\_\_\_

Referred By: \_\_\_\_\_

Title/Volunteer: \_\_\_\_\_

**Diocese of Amarillo  
Office of Youth Ministry**

<b>INCIDENT REPORT</b>
------------------------

Action Taken:

---

---

---

Were the following Authorities contacted?

Police: Yes/No      Fire Dept.: Yes/No

Ambulance: Yes/No      Hospital Name Patient Transported: \_\_\_\_\_

Referred to

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

Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Report of Incident

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

Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Case Number: \_\_\_\_\_

Filed Report with Pastor: (Priest Name) \_\_\_\_\_ Date: \_\_\_\_\_

---

Follow up

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

Action Taken: \_\_\_\_\_

---