



Diocese of Salt Lake City
Office of Youth Ministry
27 C Street
SLC, UT 84103

INCIDENT/ACCIDENT REPORT

(Please Type or Print Clearly)

Date and Time of incident:

Name of individual reporting incident and position/relation to the child:

Name(s) of other witness(es):

Location of incident:

Did physical violence or damage to property occur? No Yes

Were the police contacted? No Yes If yes, name of contact:

Detailed description of incident (be sure to name all individuals involved):

Describe Steps or Actions Taken:

Report prepared by (Printed Name)

(phone number)

Report prepared by (Signature)

(Date)

**THIS FORM IS TO BE HELD AT THE PARISH IN CONFIDENCE *FOR 5 YEARS*
FROM THE DATE OF INCIDENT. IF YOU HAVE QUESTIONS, PLEASE CONTACT:
Office of Youth Ministry, 27 C Street, Salt Lake City, UT 84103, 801-328-8641**