

Based on the nature of the incident, please indicate that the appropriate offices of the Archdiocese have been notified:

| | | | |
|---|-------------|-------------|-------------|
| <input type="checkbox"/> Office of Child Protection | Name: _____ | Date: _____ | Time: _____ |
| <input type="checkbox"/> Communications | Name: _____ | Date: _____ | Time: _____ |
| <input type="checkbox"/> Chancery /Legal | Name: _____ | Date: _____ | Time: _____ |
| <input type="checkbox"/> Human Resources | Name: _____ | Date: _____ | Time: _____ |
| <input type="checkbox"/> Facilities Management | Name: _____ | Date: _____ | Time: _____ |
| <input type="checkbox"/> Catholic Mutual | Name: _____ | Date: _____ | Time: _____ |
| <input type="checkbox"/> Other _____ | Name: _____ | Date: _____ | Time: _____ |

If applicable, please indicate the civil authorities contacted: (Police, Ambulance, Fire, Child Protective Services)

Date: _____ Time: _____ Person Who Made Initial Contact: _____

Name of Agency Contacted: _____

Name of Officer: _____ Phone Number: _____

Was anyone transported to the Hospital? NO YES Hospital Name: _____

If yes, please provide name and contact info of injured party and nature of injury/illness: _____

Witnesses - Student, Visitor and Staff Information: *Please provide the following information for all student(s), visitors or staff involved or witness to the incident.*

| | |
|---|--|
| 1 | Name: _____ Grade: _____ Age: _____ Parent/Guardian Name: _____ Phone Number: _____ |
| 2 | Name: _____ Grade: _____ Age: _____ Parent/Guardian Name: _____ Phone Number: _____ |
| 3 | Name: _____ Grade: _____ Age: _____ Parent/Guardian Name: _____ Phone Number: _____ |
| 4 | Name: _____ Position: _____ Home Phone: _____ Alternate Phone: _____ |
| 5 | Name: _____ Position: _____ Home Phone: _____ Alternate Phone: _____ |

Completed By: _____ Position: _____

Signature: _____ Date: _____