

Incident Report Form

Use this form to report any non-injury incident that occurs which may result in future problems or other future repercussions for the people involved or for Girl Scouts of Northern California.

Incidents might include:

A serious argument (may or may not escalate into verbal or physical threats) A physical altercation A non-injury incident of any sort where police are summoned

Possible or threatened legal proceedings

Possible or threatened adverse report to the media

Note: If the incident involves any sort of accident or injury, please use the Accident/Injury Report Form.

How To Submit This Form:

Electronically: First download and save this form before entering your information. Then save the form again before submitting it to the Risk Management Department at insurance@gsnorcal.org.

By Mail: Print the form and enter the information legibly. Then mail the form to

Girl Scouts of Northern California ATTN: Risk Management Department 1650 Harbor Bay Parkway, Suite 100 Alameda, CA 94502

| Your Name: | | Troop #: | Service Unit #: |
|--|----------------------------|-----------------------------------|-------------------------------------|
| Email: | | Phone | : <u> </u> |
| Address: | | City: | Zip Code: |
| Signature: | | Date: | |
| | - | attach, describe the sequence o | f the incident in detail including: |
| Names of the people involved | d in the incident: | | |
| Name: | | Phone | <u> </u> |
| Name: | | Phone | : <u> </u> |
| What circumstances led to the contributed to the incident? | e incident? What were peop | e doing at the time? Were there a | any previous situations which |

| additional pages if necessary. | and what happened between the people involved. Ose |
|---|--|
| | |
| | |
| | |
| | |
| | |
| | |
| Describe the group of was that were fallewed by trees or growth | |
| Describe the procedures that were followed by troop or event | volunteers (whom, position, what was done or said, etc.) |
| | |
| | |
| | |
| | |
| | |
| | |
| | Contact Information of Witnesses |
| Name of people who witnessed the incident: | (PHONE, EMAIL, MAILING ADDRESS): |
| | ADDRESS: |
| | PHONE:EMAIL: |
| | ADDRESS: |
| | PHONE:EMAIL: |
| | ADDRESS: |
| | PHONE: EMAIL: |
| | ADDRESS: |
| | PHONE: EMAIL: |
| | ADDRESS: |
| | PHONE: EMAIL: |
| | ENIAL. |
| Were local authorities called? Yes No | |
| If yes, describe: | |
| Describe any contact made with/by the media regarding the ir | ncident: |
| | |
| | |
| | |
| | |
| Name of Council staff member(s) notified: | Date: |
| | |
| | |