



# Foothills Area YMCA

## Incident/Accident Report

### Incident/Accident Report

Location of incident/accident: \_\_\_\_\_ Event/Program (If applicable): \_\_\_\_\_

Name/Title of person completing report: \_\_\_\_\_ Date: \_\_\_\_\_

Primary individual involved in incident: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Individuals Age: \_\_\_\_ Gender:  M  F Status:  Member  Guest  Participant  Staff

### **Additional Individuals Involved (if applicable):**

Name: \_\_\_\_\_ Age: \_\_\_\_ Gender:  M  F Phone Number: \_\_\_\_\_

Individual's Status:  Member  Guest  Participant  Staff

### **Type of Incident:**

- |   |  |
|---|--|
| <input type="checkbox"/> Medical Injury       | <input type="checkbox"/> General policy violation          |
| <input type="checkbox"/> Property Destruction | <input type="checkbox"/> Youth-to-adult boundary violation |
| <input type="checkbox"/> Verbal Assault       | <input type="checkbox"/> Adult-to youth abuse              |
| <input type="checkbox"/> Bullying/Hazing      | <input type="checkbox"/> Youth sexualized behavior         |

### **Incident Description:**

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

Incident Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Response Results (interrupt behavior, separate youth/protect youth/etc.):**  N/A  Separation

Formal Warning  Removal of property  Authorities called  First Aid Given \_\_\_\_\_

Other \_\_\_\_\_

**Parent Information (If applicable):** Parents Contacted Via:  In Person  Phone  Email

Primary Individual's Parent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date/Time Reached: \_\_\_\_\_

Secondary Individual's Parent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date/Time Reached: \_\_\_\_\_

### **Witnesses:**

Witness 1: \_\_\_\_\_ Age: \_\_\_\_ Phone #: \_\_\_\_\_ Status:  M  G  P  S

Witness 2: \_\_\_\_\_ Age: \_\_\_\_ Phone #: \_\_\_\_\_ Status:  M  G  P  S

**Additional Comments (include case details if authorities/child protective services contacted):**

Reporter Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Date Child Protection Committee Notified (if applicable): \_\_\_\_\_



# Foothills Area YMCA

## Incident Report Follow-Up

### **Supervisor/Administrator Use Only**

#### **Date of Notification/Follow Up (if applicable):**

\_\_\_\_\_ Administrator  
\_\_\_\_\_ Law Enforcement-Case # \_\_\_\_\_  
\_\_\_\_\_ Child Protective Services- Case # \_\_\_\_\_  
\_\_\_\_\_ Parent(s)/guardian(s)

#### **Describe the Response/Corrective Action:**

- Notify administrators
- Notify law enforcement/child protective services
- Follow crisis management plan
- Review with person reporting the incident
- Interview/survey additional employees, volunteers, & youth
- Follow up with parent(s)/guardian(s)
- Review file of employee/volunteer/youth(s) involved
- Disciplinary action for employee/volunteer/ youth(s) involved
- Increase monitoring & supervision of employee/volunteer/youth/program(s)
- Review policies/training

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**Submitted by (Print Name/Title):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_