

# Incident Report Form

Please do not use this form in case of accidents/injuries. Please use the Accident form for reporting such matters.

The person who witnessed or was in charge of the event at the time of the incident is responsible for completing the report. Please complete as soon as possible, typically within 24 to 72 hours of the incident and forward to [customercare@gsnj.org](mailto:customercare@gsnj.org). Maintain confidentiality and ensure all entries are accurate. Be specific. Do not speculate. Provide as much factual details as possible. Retain a copy for your records.

Date of incident \_\_\_\_\_ Time of incident \_\_\_\_\_  
Date submitting report \_\_\_\_\_ Location of the incident \_\_\_\_\_  
Provide a specific address, facility name, and any relevant details (e.g., "in the troop house kitchen," "at the campfire circle").

## Person completing the report

Name \_\_\_\_\_ Your role \_\_\_\_\_  
Your troop # \_\_\_\_\_ Service Unit name \_\_\_\_\_  
Your contact information (phone) \_\_\_\_\_ Email \_\_\_\_\_

## Details of the person(s) involved

Name \_\_\_\_\_ Child \_\_\_\_\_ (age) \_\_\_\_\_ Adult \_\_\_\_\_  
Contact information (Address) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Sex (male \_\_\_\_\_ or female \_\_\_\_\_)  
Role in Girl Scouts Girl Member \_\_\_\_\_ Adult Member \_\_\_\_\_ Guest \_\_\_\_\_ Registered member? Yes \_\_\_\_\_ No \_\_\_\_\_  
If the involved person is a minor, please provide Parent/Guardian information \_\_\_\_\_  
Was Parent/Guardian notified? Yes \_\_\_\_\_ No \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_  
Name and position of the person who notified them \_\_\_\_\_

## Details of the person(s) involved

Name \_\_\_\_\_ Child \_\_\_\_\_ (age) \_\_\_\_\_ Adult \_\_\_\_\_  
Contact information (Address) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Sex (male \_\_\_\_\_ or female \_\_\_\_\_)  
Role in Girl Scouts Girl Member \_\_\_\_\_ Adult Member \_\_\_\_\_ guest \_\_\_\_\_ Registered member? Yes \_\_\_\_\_ No \_\_\_\_\_  
If the involved person is a minor please provide Parent/Guardian information \_\_\_\_\_  
Was Parent/Guardian notified? Yes \_\_\_\_\_ No \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_  
Name and position of the person who notified them \_\_\_\_\_

**If incident involved more people, please add additional information on the back of this form.**

**Details of the incident:** Describe exactly what occurred. Your account should be fact-based and unbiased. Specify if you directly observed what happened or if it was relayed to you and by whom.

Was incident related to behavioral issues, such as verbal or physical threats? Yes \_\_\_\_\_ No \_\_\_\_\_  
State what happened before, during, and after the incident \_\_\_\_\_

Any witnesses? Yes \_\_\_\_\_ No \_\_\_\_\_ If any, please list names \_\_\_\_\_

Steps taken in response to the incident, such as notifying parents \_\_\_\_\_

Follow-up actions and communications \_\_\_\_\_

NOTE: Use the back of the sheet if more space is needed.

Signature of Person Submitting Report \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_