



Incident Report Form

This form MUST be emailed to IncidentReport@GirlScoutsWW.org no later than **24-72 hours** after the incident.

Report writing reminders:

- Print or write clearly in structured sentences.
- Each description should be complete, detailed, fact based, and unbiased.
- If you are being told something, then clearly state who told you and what was said.
- If you experienced or observed the incident, then state exactly what and how much you witnessed.
- If you are not the witness specify who reported incident. (E.g. Camper A statedto Camper B)
- Ensure full legal names (not camp names) of impacted individuals and witnesses are listed and legible.
- Ensure all lines are completed in the form including contact information for participants.

Where did the incident occur: _____ **Date of Incident:** _____ **Time:** _____

Address (if not a GSWW property): _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Type of incident

(Circle all that apply):

Injury/Sickness	COVID-19	Child Protective Services(CPS)/Abuse/Neglect
Media/Public Relations	GSWW Property Incidents(break in, building damage, graffiti, etc.)	
Non-GSWW Property Damage	Bullying	Smoking/Drinking/Swearing
Hate Crimes(racial profiling, slurs, derogatory comments ,or other discriminatory incidents)		
Verbal Name Calling/Verbal Abuse	Aggressive Physical/Verbal Behavior	
Compromising Situations(adult left alone 1:1 w/ youth, accidental nudity)		
Unnecessary Sensitive Topic Discussions(sex, drugs, puberty)		
Violations of Volunteer Policies/Safety Activity Checkpoints	Other	

Affected Person's Name: _____ **Age:** ____ **Phone:** _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Email: _____

Parent/Guardian Name: _____ **Phone:** _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Witnesses / Others Affected: (please attach a separate sheet with names, addresses, phone #, email)

Name: _____ **Phone:** _____ **Email:** _____

Name: _____ **Phone:** _____ **Email:** _____

Description of Incident: (describe location, activity, and step by step sequence of events. **Include a separate sheet with diagram if needed**)

MEDICAL ATTENTION DETAIL

Describe Injury or Illness (visible signs/symptoms):

Injury classification: (circle one) SLIGHT MODERATE SEVERE FATAL

(req. first aid only)

(req. medical attention)

(potentially life threatening)

(death)

Affected person refused medical treatment: YES NO Explanation: _____

Was First Aid given at the scene: YES NO By Whom: _____

What kind: _____

Were Emergency Medical Services (EMS) called: YES NO By Whom: _____

Estimated elapsed time between injury and First Aid: _____...and arrival of EMS: _____

Was the affected person moved from the scene for medical care: YES NO By Whom: _____

To where: _____

What treatment(s) given: _____

By whom: _____ For how long: _____

Affected person was released to: return to activity / home / parent or guardian / EMS or hospital

Was affected person taken to a hospital or other medical facility: YES NO By Whom: _____

Hospital/Facility Name: _____ Phone: _____ City: _____

Name of treating physician: _____ Date/Time Released: _____

Affected's medical insurance company name: _____ Phone: _____

PROPERTY DAMAGE DETAIL

Property Damaged in Incident: _____

Extent of Damage: _____

Non-GSWW property owner's name _____ Phone: _____

(attach separate sheet if multiple owners/contacts)

Owner's Insurance Carrier: _____ Phone: _____

Submitted by: (please print) _____ Phone : _____

Signature: _____ Date: _____