

For Office Use:
Date Rec'd _____
VP _____
Dept _____
Dept _____
CEO _____
File _____

INCIDENT/ISSUE REPORT FORM

Check One:

- Incident Issue of health, safety or general well-being of a child Other

Nature of incident (property damage, theft, fire, disagreement, problem, etc.)

Date of incident _____ Time _____

Exact location _____

Description of incident/issue (be as specific as possible)

People involved:

Name _____ Phone (____) _____ Troop # _____

Address _____ City _____

Name _____ Phone (____) _____ Troop # _____

Address _____ City _____

Name _____ Phone (____) _____ Troop # _____

Address _____ City _____

Witnesses

Name _____ Phone (____) _____ Troop # _____

Address _____ City _____

Name _____ Phone (____) _____ Troop # _____

Address _____ City _____

Cause of incident/issue (if known)

Have you taken any action?

What action do you think should be taken?

Submitted by:

Name _____ Phone (____) _____

Position _____ Date _____

Email _____

Return to Girl Scouts of the Northwestern Great Lakes, Inc. within five days of incident.

Attention: Girl Scouts of the Northwestern Great Lakes, Inc.
VP of Membership
3910 Chestnut Street
Wisconsin Rapids, Wisconsin 54494
Fax: 715.423.6362