

Incident Report – Response Team (Contacts made)

St. Paul Lutheran Church, Mount Vernon, Iowa

(To be completed by Response Team Coordinator following an incident)

Victim: _____ Accused: _____

Incident: _____

Incident date: ____/____/____ Incident Time: ____ AM PM

Response Team Coordinator: _____

Victim Contact #1

Date: ____/____/____ Time: ____ AM PM Witness (if any): _____

Summary: _____

Parent Contact #1

Name: _____

Date: ____/____/____ Time: ____ AM PM Witness (if any): _____

Summary: _____

Alleged Abuser Contact #1

Date: ____/____/____ Time: ____ AM PM Witness (if any): _____

Summary: _____

Victim Contact #2

Date: ____/____/____ Time: ____ AM PM Witness (if any): _____

Summary: _____

Parent Contact #2

Name: _____

Date: ____/____/____ Time: ____ AM PM Witness (if any): _____

Summary: _____

Alleged Abuser Contact #2

Date: ____/____/____ Time: ____ AM PM Witness (if any): _____

Summary: _____

Law Enforcement Contact

Name: _____ Position: _____

Date: ____/____/____ Time: ____ AM PM Witness (if any): _____

Summary: _____

Insurance Company Contact

Name: _____ Position: _____

Date: ____/____/____ Time: ____ AM PM Witness (if any): _____

Summary: _____

Child Protective Services Contact

Name: _____ Position: _____

Date: ____/____/____ Time: ____ AM PM Witness (if any): _____

Summary: _____
