CRITICAL INCIDENT REPORTING FORM

4 5

Port Community Church Contact Information

Church Address: 118 Main St, Port Republic, NJ 08241 **PCC Homebase & Office Address:**

66 Pomona Avenue, Port Republic, NJ 08241 Email: office@portcommunitychurch.com

Pastor Frank Brown: Call/Text: 609-412-7352

WEB: www.portcommunitychurch.com DATE OF INCIDENT: _____ NAME AND ADDRESS OF INJURED PERSON(S): INJURED PERSON(S) NAME **MOBILE** HOME **ADDRESS PHONE PHONE** 1 2 3 4 5 WHERE DID THE INCIDENT OCCUR? (BE SPECIFIC TO INSIDE OR OUTSIDE OF CHURCH, WHICH ROOMS, ETC.) WHAT TYPE OF INCIDENT (CHECK ONE): ☐ Property Damage ☐ Sexual Physical ☐ Emotional DESCRIBE INCIDENT IN DETAIL, PROVIDING DATES, TIMES, AND SURROUNDING EVENTS: WITNESSES TO INCIDENT AND PHONE NUMBERS: WITNESS NAME PHONE NUMBER 1 2 3

EMARKS BY THE INJURED PARTY:			
			
			
NAME OF PERSON REPORTING	POSITION	DATE	