

WESTMINSTER UNITED METHODIST CHURCH

162 E. Main Street, Westminster, MD 21157

INCIDENT REPORT



Date and Time of Incident: _____

Description of incident, including the nature and location of any injury or damage, as well as action taken:

Names, addresses and phone numbers of any injured persons:

Names, addresses and phone numbers of all witnesses:

Incident Report completed by _____

Date: _____

Please complete this report promptly and deliver it to the church office,
or email it to S.Haines@wumcmd.org.
Use the back for any additional information.