



F I R S T UNITARIAN UNIVERSALIST SOCIETY OF SYRACUSE

109 Waring Road • Syracuse, New York 13224-2294 • (315) 446-5940

Accident/Incident Report (2 Pages)
First Unitarian Universalist Society of Syracuse

Date: _____

Name of affected person: _____

Type of incident: _____

Authorities contact? YES NO NA

If yes, who? _____

Activity during incident: _____

Location where incident occurred: _____

How did incident occur? _____

Who was present? _____

What could be done to prevent future similar incident or improve response procedures? _____

Person completing the report:

Print Name

Signature

Date

LFD Director or LFD
Committee Member:

Printed Name

Signature

Date

Parent/Guardian

Printed Name

Signature

Date
