

Archdiocese of Winnipeg Volunteer/Visitor Incident Report

Please print and complete all areas. If something does not apply, enter "DNA".

Part 1

Information

Last Name _____ First Name _____

Address _____ City _____ Prov _____

Postal Code _____ Phone # _____ Date of Birth _____

Volunteer Title _____

If not volunteer, what was the reason they were here: _____

Information About the Incident

Date of incident _____

Location of the incident _____

Name and position to whom the incident was reported to _____

Time of event _____ AM PM

Please describe the incident in as much detail as possible. (Use a separate sheet if necessary).

Witness(es) to incident:

Witness(es) recollection of events. Please state if the witness has recorded the events or if this has been paraphrased by a manger.

Casual Factors: Events and conditions that contributed to the incident. What was the root causes of the incident. Example: Escalating disagreement, different personalities, etc.

Corrective Actions: Those that have been, or will be taken, to prevent reoccurrence.

Training Needed: Is there any training that is needed to help prevent incidents like this from occurring again?

Supervisor Comments

Date: _____

Supervisor Signature: _____ **Volunteer/Visitor Signature:** _____