

## Incident Report—United States and Canada

RISK MANAGEMENT DIVISION  
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Report an incident online at [incidents.ChurchofJesusChrist.org](https://incidents.ChurchofJesusChrist.org).  
Use this form only to gather information and only if online reporting is unavailable.

### Definition of Incident

An incident is any unplanned event that results in personal injury or damage to property, equipment, or the environment.

### Instructions

Immediately notify management (if the incident is related to Church employment or operations) or the local priesthood leader (if the incident is related to a stake, mission, ward, or other Church activity). In case of a fatality, serious injury, or serious damage, notify the Risk Management Division and your department safety representative (if applicable) as soon as possible but no later than 24 hours after the incident. The individual(s) who investigate the incident or inspect the premises should be sure to gather and safeguard all physical evidence. Take photographs and obtain written statements as needed. If you are unable to file this incident online using [incidents.ChurchofJesusChrist.org](https://incidents.ChurchofJesusChrist.org), please send a copy of this Incident Report to your safety representative. Keep the original on file for three years. If filling out this form by hand, please print.

### General Information

Full name of department, names of stake and ward, or other Church unit identification		Date and time of incident
Name and title of person in charge	Complete phone numbers Home Work	
Location or complete address where incident occurred		Date of this report

### Description of Incident

Give a short summary of what happened (who, what, where, when, how). Attach photos if possible. Attach additional sheet if needed.

Medical information (check all that apply)

☐ No medical treatment    ☐ Minor first aid at location    ☐ Emergency room treatment or hospitalization    ☐ Fatality

Summary

### Person(s) Injured (and others who have knowledge about the incident)

Include complete address with postal code. When appropriate, obtain separate signed and dated statements from the injured party and witnesses (see Incident Report Addendum—Statement).\*

Name of injured person or other involved party	Injured <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Involved in incident <input type="checkbox"/> Witness of incident
Complete address		<input type="checkbox"/> Missionary or volunteer <input type="checkbox"/> Employee
		<input type="checkbox"/> Other: _____
		Complete phone numbers Home Work
Additional name*	Injured <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Involved in incident <input type="checkbox"/> Witness of incident
Complete address*		<input type="checkbox"/> Missionary or volunteer <input type="checkbox"/> Employee
		<input type="checkbox"/> Other: _____
		Complete phone numbers Home Work

### Cause Analysis

After the incident, conduct your preliminary investigation. Describe the main factor(s) that contributed to the incident, including any relevant action(s) or inaction by the injured or involved party. Base observations on facts and not suppositions.

### Remedial Measures

Describe what steps, if any, were or will be taken to reduce potential recurrence. Attach an additional sheet if needed.

1.	Estimated completion date
2.	Estimated completion date

### Signatures and Contact Information

Preparer's name and title (please print)	Preparer's complete phone number
Preparer's signature	Signature of supervisor, manager, or priesthood leader