

**Guidelines for Recruiting, Screening of Employees and Volunteers,
and Directives for the Safety of All People in the Diocese of Edmundston**

GENERAL INCIDENT REPORT FORM

CONFIDENTIAL

_____ **PARISH**

Report date: _____ Time of report: _____

Full Name of child/youth/adult: _____ Age/Grade: _____
(Not necessary for adult)

Date of Birth: _____ Gender: M F

Full Address: _____

Phone Number: _____

Name of Parent/Guardian (for child/youth) or caregiver (for adult): _____

Notified: Y N yes, date/time of notification: _____

Address: _____
(If different from above)

Phone number: _____
(If different from above)

Date/time and location of incident: _____

Description of incident: _____

Description of injuries sustained: _____

Description of action taken: _____

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Additional information you think is relevant: _____

Names/contact information of witnesses: _____

Direct quotes from child/youth/adult: (Note: If this is an abuse allegation, do not interview the child/youth but report only the comments they share with you.)

Signature: _____
(Name and position of Person making report)

I hereby confirm that the information provided in this report is accurate to the best of my knowledge

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Name and position of person making report

Phone/Address: _____

Signature of Person making report: _____ Date: _____

The person filing this report must give a copy as soon as possible to the Financial Administrator by fax at (506) 735-4271.

***Note:* If this is an allegation of abuse, it must be reported to the Police or Social Development Ministry (Child Protection Department) (1-866-441-4249)
After hours: 1-800-442-9799**