St. Maximilian Kolbe Catholic Church

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INCIDENT REPORT

Revised November 2022

Date of incident:		Time of in	cident:
Name of person con	npleting report: _		
Specific location of	incident:		
Was 911 called? obtain the report?		-	If so, when and where may we
Who was notified?	clergystaff	fother N	Name:
Type of incident:	_property damage	epersonal	injuryillnessother
Describe incident in	detail:		
Person or persons in	nvolved in incide	nt:	
Name			
Address			
City	State	Zip	Phone #
Name			
Address			
City	State	Zip	Phone #
Witnesses:			
Name			
Address			
City	State	Zip	Phone #
Name			
Address			
City	State	Zip	Phone #