



# Incident / Near Miss Report

After appropriate action is taken, please use this form to report injury, serious accident, fatality or unusual situations. The form should be completed as soon as possible after the incident and immediately turned in.

**Volunteers:** Please turn into your local GSNI Resource Center or email to [customercare@girlscoutsni.org](mailto:customercare@girlscoutsni.org)

**Staff:** Send to Human Resources.

Name of injured (if any): \_\_\_\_\_

Phone number for injured or name and phone number for their guardian: \_\_\_\_\_

Nature of incident/accident: \_\_\_\_\_

Location of incident/accident: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Please be specific on location, such as if in a building include which building and location in building.

Was an ambulance called? \_\_\_\_\_ Were the police called? \_\_\_\_\_  No Medical attention desired or needed

Was anyone taken to the hospital or doctor? Where? \_\_\_\_\_

Volunteer/Girl Scout: Troop/Group number: \_\_\_\_\_ Service Unit: \_\_\_\_\_

Names of all people involved: \_\_\_\_\_

Staff Member: Name: \_\_\_\_\_

Describe what happened (Be specific. Give facts and actions taken in chronological order; avoid opinions or impressions.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of Witnesses and their phone number:

1. \_\_\_\_\_

Phone Number: \_\_\_\_\_

2. \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Please attach permission slip signed by the parent/guardian and file report immediately.**

Person submitting report (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_