



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

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: _____