

## Critical Incident Report

Theft \_\_\_\_\_ Property Damage \_\_\_\_\_ Other \_\_\_\_\_ (please specify)  
 Facility: \_\_\_\_\_ Region (East, Central, West): \_\_\_\_\_  
 Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

**DETAILS:** Date of Occurrence: \_\_\_\_\_ Time: \_\_\_\_ AM \_\_\_\_ PM Location/Room \_\_\_\_\_  
 (Day/Month/Year)  
 Activity Participant was engaged in: \_\_\_\_\_ Weather Conditions: \_\_\_\_\_  
 Situation Reported by: Participant \_\_\_\_ Leader \_\_\_\_ Instructor \_\_\_\_ Other \_\_\_\_ Time Reported: \_\_\_\_ AM \_\_\_\_ PM  
 Situation was reported to: Leader \_\_\_\_ Instructor \_\_\_\_ Other \_\_\_\_ Name of person situation reported to \_\_\_\_\_  
 Description of Incident: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 First Aid or Care Given: \_\_\_\_\_  
 911/EMS called: No \_\_\_\_ Yes \_\_\_\_ Time of 911/EMS Call : \_\_\_\_ AM \_\_\_\_ PM Time of 911/EMS arrival \_\_\_\_ AM \_\_\_\_ PM  
 911/EMS contact name: \_\_\_\_\_ Contact #: \_\_\_\_\_

**FOLLOW-UP:**  
 Inform Area Co-ordinator if needed Name: \_\_\_\_\_ Position: \_\_\_\_\_ Time: \_\_\_\_ AM \_\_\_\_ PM  
 Inform Church Sec./Location Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_ Time: \_\_\_\_ AM \_\_\_\_ PM  
 (In case of theft, please provide Church Secretary/Location contact with copy of this Incident Report)  
 Follow-up action taken: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Report completed by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Group Leader: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Area Coordinator: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WITNESSES:**  
 Witness #1: Name: \_\_\_\_\_ Phone(H) \_\_\_\_\_ (B) \_\_\_\_\_  
 Witness #2: Name: \_\_\_\_\_ Phone(H) \_\_\_\_\_ (B) \_\_\_\_\_

Please forward the signed and completed form with any additional information to:  
 Executive Director-MMN 47 Lawrence Ave West, Toronto, ON M5M 1A3