

**Cross Roads Child Protection Policy**

**Form 15 - Cross Roads Child-Youth Incident Report**

Date \_\_\_\_\_ Time \_\_\_\_\_ Place of incident \_\_\_\_\_

Type of Incident (circle one) Behavioral Medical

Names of parties involved \_\_\_\_\_

Volunteer and/or staff present \_\_\_\_\_

Complete detailed description of incident \_\_\_\_\_

Details of incident investigation: speak to parties involved, witnesses, etc \_\_\_\_\_

Corrective plan of action decided \_\_\_\_\_

Parents were notified:

When \_\_\_\_\_ Where \_\_\_\_\_

By Whom \_\_\_\_\_

Report Filled Out By \_\_\_\_\_

Signature of Reporter \_\_\_\_\_ Date \_\_\_\_\_

Signature of Director of Children's Ministry or Director of Youth and Young Adults \_\_\_\_\_

Date \_\_\_\_\_