



**FIRST BAPTIST CHURCH PINEY GROVE
Ministry Incident Report**

Date Reported: _____ **Date of Incident:** _____ **Time:** _____

Director's Signature: _____

Ministry Name: _____

Name of Person filing Report: _____

Name of Victim: _____

Address: _____

Phone Number: _____

Incident Description: _____

Location of Incident: _____

Witness Name: _____

Phone Number: _____
more space, please attach a separate sheet

To be completed by Office Personnel Only!

How was incident handled? _____

Was the person injured Was emergency assistance required

Was sheriff department contact Police Report #: _____
Police Badge ID: #: _____

Chair of Trustees

Pastor

(This form will be filed in the church office.)