PROGRAM FOR MINORS INCIDENT REPORT

To be completed when any participant is involved in a physical altercation, injury (with or without medical care), or event where it was necessary to summon police officials due to health or safety concerns.

Name of Person(s) Involved in Incident: ________________________________________

☐ Participant  ☐ Program Employee  ☐ Other ________________________________

Program Event: ____________________________________________________________

Date and Time of Incident: __________________________________________________

Location of Incident: ________________________________________________________

Details of Incident: Nature of incident (e.q., illness, accident, injury, altercation). List any witnesses if applicable.

What action was taken:

Medical Attention Necessary: ☐ Yes  ☐ No

UPD Summoned: ☐ Yes  ☐ No

Reported by: ______________________________________________________________

Signature: ________________________________________________________________

Date: ____________________________________________________________________

Provide 1 copy of report to UPD as soon as possible and 1 copy to Programs for Minors Administrators by end of day of incident.