

Community of Christ

Incident/Unusual Occurrence Report Form

In Case of Incident/Unusual Occurrence:

Risk Management Services
1001 W Walnut Street
Independence, MO 64050
Phone: 800-825-2806
Fax: 816-521-3035

For Activity, Volunteer, Int'l Travel and all other accident claims contact: Jim Craft, ext. 1492 (jcraft@cofchrist.org)
If you do not get a response, please resend and copy rboyd@cofchrist.org (816-853-0012)

PLEASE PRINT CLEARLY

WHERE	Organization Sponsor: (Scouts, Congregation, etc.)	Mission Center:	
	Location/Address of Event: Congregation, Campgrounds, etc.)	Name of Event: (Camp, retreat, etc.)	
WHO	Claimant name, complete address & phone number:	Parent/guardian name, complete address, phone & e-mail (if under 18 yrs old):	
	e-mail:	e-mail:	
	Date of Birth:		
WHAT/ WHEN	Date of incident: _____ Time: _____	Place where incident occurred (cabin, parking lot, sanctuary, etc.):	
	Description of incident/unusual occurrence:		
	Name of Event Director, address & phone:	Directors e-mail:	
I certify that the above individual was participating in a church sponsored activity and at this incident occurred. I believe the above information on this report to be correct.			
Signature of Reporter:	Reporters <u>Printed</u> Name:	Day Phone:	Report Date:
Witness(s)			
Name:	Name:		
Phone:	Phone:		
e-mail:	e-mail:		