

This form MUST be emailed to [incidentreport@girlscoutsww.org](mailto:incidentreport@girlscoutsww.org) no later than **24–72 hours** after the

incident. **Report writing reminders:**

- Print or write clearly in structured sentences.
- Each description should be complete, detailed, fact based, and unbiased.
- If you are being told something, then clearly state who told you and what was said.
- If you experienced or observed the incident, then state exactly what and how much you witnessed.
- If you are not the witness specify who reported incident. (E.g. Camper A stated .....to Camper B)
- Ensure full legal names (not camp names) of impacted individuals and witnesses are listed and legible.
- Ensure all lines are completed in the form including contact information for participants.

**Where did the incident occur:** \_\_\_\_\_ **Date of Incident:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Address** (if not a GSWW property): \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Type of incident**

**(circle all that apply):**

Injury/Sickness	COVID-19	Child Protective Services (CPS)/Abuse/Neglect
Media/Public Relations	GSWW Property Incidents (break in, building damage, graffiti, etc.)	
Non-GSWW Property Damage	Bullying	Smoking/Drinking/Swearing
Hate Crimes (racial profiling, slurs, derogatory comments, or other discriminatory incidents)		
Verbal Name Calling/Verbal Abuse	Aggressive Physical/Verbal Behavior	
Compromising Situations (adult left alone 1:1 w/ youth, accidental nudity)		
Unnecessary Sensitive Topic Discussions (sex, drugs, puberty)		
Violations of Volunteer Policies/Safety Activity Checkpoints	Other	

**Affected Person's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

\_\_\_\_\_

**Email:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

\_\_\_\_\_

**Witnesses / Others Affected:** (please attach a separate sheet with names, addresses, phone #, email)

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(if YES, please complete medical attention detail section on back)

If NO, what action was taken: \_\_\_\_\_

☐ NO

Was any equipment involved in the incident:\_\_\_\_\_What\_\_\_\_\_

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How could the incident have been prevented: \_\_\_\_\_

**Which Emergency Procedures were followed in responding to this incident?**

- ☐ Applied First Aid      ☐ Called Emergency Medical Services ☐ BOTH
- ☐ Reported to Girl Scout office    Who reported: \_\_\_\_\_ To whom: \_\_\_\_\_ When: \_\_\_\_\_
- ☐ Contact parent/guardian    Who contacted: \_\_\_\_\_ When: \_\_\_\_\_ How: \_\_\_\_\_
- ☐ Secured scene for safety and further investigation

☐ Other: \_\_\_\_\_

Describe any media contact with regard to this incident: \_\_\_\_\_

**MEDICAL ATTENTION DETAIL**

Describe Injury or Illness (visible signs/symptoms):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Injury classification: (circle one) ☐ SLIGHT      ☐ MODERATE      ☐ SEVERE      ☐ FATAL

(req. first aid only)      (req. medical attention)      (potentially life threatening)      (death)

Affected person refused medical treatment: ☐ YES ☐ NO Explanation: \_\_\_\_\_

Was First Aid given at the scene: ☐ YES ☐ NO By Whom: \_\_\_\_\_

What kind: \_\_\_\_\_

Were Emergency Medical Services (EMS) called: ☐ YES ☐ NO By Whom: \_\_\_\_\_

Estimated elapsed time between injury and First Aid: \_\_\_\_\_ ...and arrival of EMS: \_\_\_\_\_

Was the affected person moved from the scene for medical care: ☐ YES ☐ NO By Whom: \_\_\_\_\_

To where: \_\_\_\_\_

What treatment(s) given: \_\_\_\_\_

\_\_\_\_\_ By whom: \_\_\_\_\_ For how long: \_\_\_\_\_

Affected person was released to: return to activity / home / parent or guardian / EMS or hospital

Was affected person was taken to a hospital or other medical facility: ☐ YES ☐ NO By Whom: \_\_\_\_\_

Hospital/Facility Name: \_\_\_\_\_ Phone: \_\_\_\_\_ City: \_\_\_\_\_

Name of treating physician: \_\_\_\_\_ Date/Time Released: \_\_\_\_\_

Affected's medical insurance company name: \_\_\_\_\_ Phone: \_\_\_\_\_

### PROPERTY DAMAGE DETAIL

Property Damaged in Incident: \_\_\_\_\_

Extent of Damage: \_\_\_\_\_

Non-GSWW property owner's name \_\_\_\_\_ Phone: \_\_\_\_\_  
(attach separate sheet if multiple owners/contacts)

Owner's Insurance Carrier: \_\_\_\_\_ Phone: \_\_\_\_\_

Submitted by: (please print) \_\_\_\_\_ Phone : \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_