Girl Scouts of Hawai`i
Incident Report

To insure that information is passed along to the appropriate people and so that a record can be kept of each incident, we ask that you fill out this incident report and submit it to the Council.

Name of Adult who witnessed the incident: _____

Address: _____ Zip: _____

Home phone: _____ Business phone: _____

Date of incident: _____ Time of incident: _____

Please describe the incident: _____

_____

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Please describe any action taken: _____

_____

_____

Signature of Adult completing this form: _____

Form given to: _____ Date: _____