

Incident Report Form

Date _____ Time _____ am/pm

Parish/Building _____

Address _____

City _____ Zip Code _____

Phone _____

Type of Injury _____

Where/How did injury occur? _____

Name of injured person _____

Age _____ Gender _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Date of injury _____

Witnesses _____

Who at the parish/building was this reported to? _____

When was this reported? _____

Additional comments _____

Reported to Catholic Mutual? yes ___ no ___ by _____

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