

**INCIDENT REPORT FORM**  
First Mennonite Church – Bluffton, Ohio  
“Safe Sanctuary”

*This form may be completed by anyone who would like to report an incident they experienced, witnessed, or are aware of that raises the suspicion of abuse or that made them uncomfortable.*

**THE INCIDENT**

Date: \_\_\_\_\_, 20\_\_\_\_

Time: \_\_\_\_\_:\_\_\_\_\_ am/pm

Location: \_\_\_\_\_

Please describe the incident:

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**INJURIES**

To the best of your knowledge, was anyone injured? *Note that “injury” includes, but is not limited to physical harm, mental distress, or a violation of one’s legal rights.*

Yes

No / Unknown

*If so, please list the names of anyone who was injured, describe their injuries, and indicate whether medical treatment was sought:*

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**WITNESSES**

To the best of your knowledge, were there any witnesses to the incident?

Yes

No / Unknown

*If so, please list their names and their contact information (if possible):*

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## CHILDREN SERVICES / LAW ENFORCEMENT

To the best of your knowledge, has anyone notified Allen County Children Services or law enforcement of this incident?

Yes

No / Unknown

*If so, which of the following agencies were notified?*

Allen County Children Services (419-227-8590)

Allen County Sheriff's Office (419-227-3535)

Bluffton Police Department (419-358-2066)

Unknown

## INITIAL ACTION / SAFETY PLAN

What steps have been taken to make sure that everyone is safe?

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## REPORTING PARTY

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_

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

*Please submit this form to a member of the Pastoral Team (Carrie Mast and Phil Yoder) or the Response Team (Megan Coffman, Kathy Dickson, Andrea Goings, and Laurel Neufeld Weaver). The Response Team will use this information (and any additional witness reports) to complete the Incident Response Form. Once they've completed that form, they will be in contact with you. If you would like to reach out to them with questions or additional information, you may do so at any time.*

## FOR PASTORAL / RESPONSE TEAM USE ONLY

Initially received by: \_\_\_\_\_ Date: \_\_\_\_\_

Member of the Pastoral Team or the Response Team

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Member of the Response Team

Signature