

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

*This form is to be completed by the Response Team (Megan Coffman, Kathy Dickson, Andrea Goings, and Laurel Neufeld Weaver) after an Incident Report Form has been submitted.*

**THE INCIDENT**

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

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

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

*Please describe the incident:*

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**WITNESSES**

To the best of our knowledge, have all potential witnesses of the incident had the opportunity to submit a witness report?

Yes

No

*If not, please explain why not:*

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**INJURIES**

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

Yes

No

*If so, please list the names of anyone who was injured, and describe their injuries:*

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*Have they received treatment or are they planning to receive treatment for any of these injuries?*

Yes

No

*If so, please describe the nature of the treatment, that is, what treatment was sought and/or provided and who provided it:*

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### RESPONDING PARTY

Name of the person(s) whose behavior raised the suspicion of abuse or caused discomfort:

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What is their relationship to First Mennonite Church?

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### RESPONSE

Have we discussed the incident with the guardians of all minors who were negatively affected by the incident?

Yes

No

*If so, who have we spoken with, when did we speak to them, and what is a summary of our conversation:*

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*If not, please explain why not:*

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## CHILDREN SERVICES / LAW ENFORCEMENT

Have we notified the following agencies of the incident?

- Allen County Children Services (419-227-8590)

Yes; on (date) \_\_\_\_\_, we spoke to (name): \_\_\_\_\_

No

*If not, please explain why not:*

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

Yes; on \_\_\_\_\_ (date), we spoke to (name): \_\_\_\_\_

No

*If not, please explain why not:*

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- Bluffton Police Department (419-358-2066)

Yes; on \_\_\_\_\_ (date), we spoke to (name): \_\_\_\_\_

No

*If not, please explain why not:*

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## ACTION / SAFETY PLAN

Regarding the person(s) who were negatively affected by the incident:

Written below

Attached separately

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Regarding the person(s) whose behavior raised the suspicion of abuse or caused discomfort:

Written below

Attached separately

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### RESPONSE TEAM

Megan Coffman:

Signature

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

Kathy Dickson:

Signature

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

Andrea Goings:

Signature

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

Laurel Neufeld Weaver:

Signature

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

*Please submit this form to .... Then, be sure to contact those people who submitted witness reports and/or incident reports.*

### FOR OFFICE USE ONLY

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

Signature

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

Signature