



**Please Note:**  
Return completed form to the Department Supervisor.  
  
Make copy for participant if requested.

**Winona Family YMCA  
Participant/Staff Incident Report**

**Date:** \_\_\_\_\_ **Program Area:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Staff Involved:** \_\_\_\_\_

**Participants Involved:**

- 1. Name \_\_\_\_\_ Phone # \_\_\_\_\_
- 2. Name \_\_\_\_\_ Phone # \_\_\_\_\_
- 3. Name \_\_\_\_\_ Phone # \_\_\_\_\_
- 4. Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Description of Incident (Continue on back if necessary):**

---

---

---

---

---

---

---

---

---

---

**Action Taken (Continue on back if necessary):**

---

---

---

---

---

---

---

---

**Description of Incident (continued):**

---

---

---

---

---

---

---

---

---

---

**Action Taken (Continued):**

---

---

---

---

---

---

---

---

**Follow-up Required**  **(Date: \_\_\_\_\_ Staff: \_\_\_\_\_)** **Copy made**

**Incident Reporter:** \_\_\_\_\_ (Name) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

**Reviewing Supervisor:** \_\_\_\_\_ (Name) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

**Parent/Guardian:** \_\_\_\_\_ (Name) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

**Admin Notes:**