



BEHAVIORAL INCIDENT REPORT

- This report is to document any mishap, conflict, inappropriate behavior, or situation such as arguments, fights, emotional outbursts.
- Keep this in your records. If additional help is needed, please submit an Accident/Incident/Injury form to Council.

Individual(s) Involved in Incident					
1. Full Name of Individual	Troop/Group#	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Please check all that apply: <input type="checkbox"/> Staff <input type="checkbox"/> GS Member <input type="checkbox"/> Non-member <input type="checkbox"/> Volunteer	
Name of Parent or Guardian (if minor)				Email	
Home Phone	Cell Phone	Work Phone			
2. Full Name of Individual	Troop/Group#	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Please check all that apply: <input type="checkbox"/> Staff <input type="checkbox"/> GS Member <input type="checkbox"/> Non-member <input type="checkbox"/> Volunteer	
Name of Parent or Guardian (if minor)				Email	
Home Phone	Cell Phone	Work Phone			
3. Full Name of Individual	Troop/Group#	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Please check all that apply: <input type="checkbox"/> Staff <input type="checkbox"/> GS Member <input type="checkbox"/> Non-member <input type="checkbox"/> Volunteer	
Name of Parent or Guardian (if minor)				Email	
Home Phone	Cell Phone	Work Phone			
Details of Incident (Please attach additional explanation, if needed.)					
Day of Week	Date (MM/DD/YYYY)	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Name and address of Incident	
Was individual participating in an activity at time of incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what activity? (check below)					
<input type="checkbox"/> Troop/Group Trip <input type="checkbox"/> Troop/Group Camping <input type="checkbox"/> Council Event <input type="checkbox"/> Service Unit Event <input type="checkbox"/> Training <input type="checkbox"/> Other (please describe)					
Describe the incident. Include sequence of activities in detail and what the individual was doing at the time, if applicable.					
**If medical treatment was required, an Accident/Incident/Injury Report must be completed.					

Names and contact information of witnesses (You may wish to attach signed statements.)		
Name	Address	Phone
Name	Address	Phone
Name	Address	Phone
Were Parents Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No How were they notified? <input type="checkbox"/> Phone <input type="checkbox"/> In person <input type="checkbox"/> Writing When were they notified? Date/Time:		

First Response to Incident					
Date (MM/DD/YYYY)	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	By Whom?	Title of responder	Overall Reaction
Description					

Follow Up Response to Incident					
Date (MM/DD/YYYY)	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	By Whom?	Title of responder	Overall Reaction
Description					

Council Staff Notification (if applicable)		
Name of council staff member	Position	Date

Individual Completing This Form					
Name	Title	Phone	Date		
Address			City	ST	Zip

Signature _____ Date _____