



INCIDENT/BEHAVIOR REPORT

Submit to:
 Girl Scouts of Utah
 P.O. Box 57280
 Salt Lake City, Utah 84157-0280

Camp/Event/Trip name _____

Address _____
Number and street City State Zip

Name of person involved _____
Last First Middle

Check one: Camper Staff Visitor

Phone (____) _____ Age _____ Sex _____

Address _____
Number and street City State Zip

Names and addresses of witnesses: (You may wish to attach signed statements.)

1. _____
2. _____
3. _____

Type of incident: Behavioral Accident Epidemic illness Other (describe)

Date of incident/accident _____
Day of week Month Day Year Hour a.m. p.m.

Describe the sequence of the incident/accident including what the (injured) person was doing at the time. _____

Procedures followed at the time of the incident/accident. _____

By whom _____

Submitted by _____ Position _____ Date _____