



INCIDENT/BEHAVIOR REPORT

Submit to: Girl Scouts of Utah, 445 E 4500 S, Suite 125, Salt Lake City, Utah 84107

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 _____