

**DIOCESE OF LITTLE ROCK ~ OFFICE OF CATHOLIC SCHOOLS**

**INVESTIGATION REPORT FOR INCIDENT/INJURIES**

Complete this report for all incidents/injuries. (Also, complete this report for near-miss incidents /injuries). This report is for information only. All claims should be reported immediately to Catholic Mutual Group at (800) 228-6108. Please read each question carefully and answer **all** questions as completely as you can. **Please do not leave any blanks**, unless the question does not apply.

Name of Injured Person(s) \_\_\_\_\_ Phone \_\_\_\_\_

Complete Address(es) \_\_\_\_\_

Names of witnesses and their complete addresses and phone numbers \_\_\_\_\_

Describe the Incident: (State what the individual was doing and all circumstances leading up to the incident. Try to reconstruct the chain of events leading up to the incident/injury. Be specific.)

Who was involved? \_\_\_\_\_

What took place? \_\_\_\_\_

When did it occur? Date \_\_\_\_\_ Hour of Incident \_\_\_\_\_ AM PM

Where did it happen? \_\_\_\_\_

Why did it happen? \_\_\_\_\_

How did it happen? \_\_\_\_\_

**Corrective Action:**

1. In your opinion, was this incident preventable? Yes \_\_\_\_\_ No \_\_\_\_\_

2. If yes, state why. \_\_\_\_\_

3. What action have you taken or do you propose taking to prevent a similar incident from taking place in the future? \_\_\_\_\_

**Training:**

Have you been provided any training to prevent this incident? If not, describe training that could be conducted.

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date