



Girl Scouts of NE KS & NW MO
 8383 Blue Parkway Dr., KC, MO 64133
 816-358-8750 Fax 816-358-5714
 www.gsksmo.org

OFFICE USE ONLY	SIGNATURE	PRINT NAME	DATE
Lead Staff Responder			
VP Mission Delivery			
VP Brand/Marketing			
CEO			

Accident/Incident/Child Abuse Report

Submit to report a serious incident, accident, or any child abuse suspected or disclosed. Use reverse side if necessary.
Keep the incident or accident confidential.

Alleged Victim/Injured Person _____ ()
 Name Telephone

Age _____ Address _____
 Street City State Zip

Parents _____ ()
 Name Telephone

Address _____
 Street City State Zip

Troop # _____ SU # _____ Email: _____

Witness _____ ()
 Name Telephone

Age _____ Address _____
 Street City State Zip

Email Address _____

Witness _____ ()
 Name Telephone

Age _____ Address _____
 Street City State Zip

Email Address _____

Incident/Accident/Abuse Description (Be as detailed as possible. Use back of form if needed.)

Date _____ Time _____ Location _____

Incident/Accident/Abuse Description continued:

Actions Taken (Include time, people contacted, authorities called, and supplemental information etc.)

(If medical treatment was provided, please also complete an insurance claim form.)

All of the above is, to the best of my ability, an accurate account of the incident.			
_____		()	_____
Person Reporting (Please print)	Position	Telephone	
_____		_____	_____
Street	City	State	Zip

Email Address			
_____		_____	_____
Person Reporting Signature		Date	

Return to Girl Scout Headquarters on the first business day following the incident/accident.

Form can be sent to your Troop Operations Staff, mailed to 8383 Blue Parkway Dr., KCMO, faxed to 816-358-5714 or emailed to program@gksmo.org