



Incident Report
First Baptist Church of District Heights

Ministry Staff Incident Follow-up Report

Incident Control Number			Staff Member Name:			Today's Date		
Describe follow-up actions taken in response to incident								
Was an investigation of the incident conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No If applicable, describe the investigation and findings								
Are there additional actions that should be taken to resolve the incident/situation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what additional actions need to be completed?								
What can be learned from this incident to prevent and/or avoid future occurrences?								
What procedural changes will be made by the ministry and/or church to prevent and/or avoid similar incidents in the future?								