Florida United Methodist Conference

INCIDENT REPORT

POTENTIAL CLAIM INFORMATION	
Date Reported:	Church Name & City :
Caller's Name: _____ Work/Home/Cell Numbers:	Claimant's Name: _____ Claimant Phone Number:

INCIDENT DETAILS
Date & Time of Occurrence:_____
Injuries: _____
Action taken so far: _____
_____
_____
Incident Details as told by: _____
NOTE-Attach all supporting documentation

FOR ADMINISTRATIVE PURPOSES:	
Date Replied:	Other Sources Informed of Incident:
Action Advised or Taken:	

For Reporting Claims Information Please "See How To File A Claim Form" At www.flumc.org
This form is to be retained in the files of the local churches and may be requested as needed.