



Accident/Injury Report Form

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____

Did the accident, injury occur:

___ Inside the Center ___ Outside the Center ___ At a Center event

Please describe the nature of the accident/injury:

Please list any witnesses (with contact information) to the accident/injury:

Please describe what action (if any) was taken:

Staff Member

Date