

Incident Report Form

Please follow up the hard copy of this form with an [electronic incident report submission](https://app.smartsheet.com/b/form/9c257bd96a36454bb211490179456c07) as soon as possible. <https://app.smartsheet.com/b/form/9c257bd96a36454bb211490179456c07>

Please print and do not use camp names.

Incident Information

Person Involved is a: <input type="checkbox"/> Camper/Girl Scout <input type="checkbox"/> GSACPC Staff <input type="checkbox"/> Volunteer		
Location: <input type="checkbox"/> Parsons Leadership Center <input type="checkbox"/> Shadow Rim Ranch <input type="checkbox"/> Camp Maripai <input type="checkbox"/> Willow Springs <input type="checkbox"/> Offsite Location		
Person Involved (PI):	Date of Incident:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Phone No:	Email Address:	
Parent/Guardian Name (if PI is a minor):	Relationship:	
Home Phone:	Business Phone:	
Email Address:		
If minor, were parents/guardian notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Does this incident have to do with a sensitive issue (discrimination, sexual harassment, and/or abuse)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the person involved a GSACPC staff member? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was the Council Emergency Phone Called? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was 911 called? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe incident in detail:		
What was the location of the incident?		
Were there any other individuals involved in the incident? If yes, who?		
What procedure(s) were used to remedy the incident?		
What was the resolution of the incident?		

Does the incident require further attention/action by our Council Emergency Response and/or Senior Leadership Team? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain	
<i>If the incident involved an illness or injury – please complete the information below:</i>	
Was treatment given onsite? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Treatment given:	
By Whom:	Date released:
Released to: <input type="checkbox"/> Camp/ Troop Activities <input type="checkbox"/> Home <input type="checkbox"/> Other	
Was treatment given somewhere other than the onsite location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?
Was person retained overnight in hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?
Name of physician or health care service:	Date:
Date Released:	Released to: <input type="checkbox"/> Camp/Troop <input type="checkbox"/> Home <input type="checkbox"/> Other
Other Comments:	

Reporting Person's Information

First Name	Last Name	Title (staff, troop leader, volunteer, etc.)
Phone	Email	
Signature		Date

Please email this form to the Senior Director of Operations & Senior Director of Human Resources within 24 hours of incident:

Senior Director of Operations: ncarr@girlscoutsaz.org

Senior Director of Human Resources: catherineahmed@girlscoutsaz.org