

**DIOCESE OF ROCKFORD  
INCIDENT REPORT**

Names, addresses and phone numbers of individuals involved:

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Date, time and location of incident:

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Description of incident in as much detail as possible:

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Names, addresses and phone numbers of witnesses:

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State what action(s) were taken as a result of the incident:

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Name of Person making this Report: \_\_\_\_\_

Signature of Person Making this Report: \_\_\_\_\_

Date: \_\_\_\_\_