TODAY’S DATE

AREA OF CONCERN

- Bullying
- Infraction of Rules/Youth Covenant
- Inappropriate Behavior
- Potential Abuse
- Other (please indicate)

INDIVIDUALS INVOLVED

- Male
- Female
- Male
- Female
- Male
- Female
- Male
- Female

LIST ANY WITNESSES

PLEASE PROVIDE A DETAILED ACCOUNT OF WHAT HAPPENED, INCLUDING LOCATION, WHO WAS NOTIFIED, ANY INJURIES, ETC.

(Use reverse or attach additional sheets of paper if needed to fully describe the incident)

DESCRIBE ANY INJURIES (both the extent of the injury and to whom it occurred)

WAS THE INJURED PARTY SEEN BY A DOCTOR OR TRANSPORTED TO A MEDICAL CLINIC OR HOSPITAL? YES NO

IF YES, PLEASE COMPLETE BELOW

DOCTOR NAME

HOSPITAL/CLINIC NAME

PHONE NUMBERS

NAME OF INDIVIDUAL COMPLETING FORM

RELATION TO THE INVOLVED PARTIES

YOUR CONTACT INFORMATION

phone

email

YOUR SIGNATURE

TODAY’S DATE

Greek Orthodox Metropolis of Atlanta
Youth, Education, and Hellenic Culture