# APC INCIDENT REPORT

Date _____

Time _____

Reporter _____

Role of Reporter: Parent/Volunteer/Witness/Other _____ (circle one)

Names of Persons involved in incident:

_____

_____

Incident: (Reported by Witness Only or Child/Youth's Parent)

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***Please submit this written report to a Pastor or Clerk of Session immediately. Keep the incident confidential. You will be informed if further communication is needed. Thank you for your assistance.***