

Diocese of Juneau
ACCIDENT/INCIDENT REPORT

Note: This form is for parishioners, volunteers, students, visitors, etc.
Diocesan employees should complete a report of occupational injury or illness.

Name of Parish/School		
Date of Accident/Incident	Time of Accident/Incident	
Physical Location where Accident/Incident Occurred		
Describe Accident/Incident (attach additional pages if necessary)		
Name(s) of Party Involved		
Mailing Address	City, State	Zip
Phone Number	Email	
Description of Injury/Damage (attach additional pages if necessary)		
Medical Assistance Required (Y/N)		
Witness Name		
Mailing Address	City, State	Zip
Phone Number	Email	
Additional Comments (attach additional pages if necessary)		
Reporter's Name (Printed)		
Mailing Address	City, State	Zip
Phone Number	Email	
Reporter's Signature		

Mail completed form to Diocese of Juneau, 415 6th St., Ste. 300, Juneau, AK 99801
or fax form to (907) 463-3237, or email to businessmanager@dioceseofjuneau.org