

Florida United Methodist Conference

INCIDENT REPORT

POTENTIAL CLAIM INFORMATION	
Date Reported:	Church Name & City :
Caller's Name: _____ Work/Home/Cell Numbers:	Claimant's Name: _____ Claimant Phone Number:
INCIDENT DETAILS	
Date & Time of Occurrence: _____	
Injuries: _____	
Action taken so far: _____	

Incident Details as told by: _____	

NOTE-Attach all supporting documentation	
FOR ADMINISTRATIVE PURPOSES:	
Date Replied:	Other Sources Informed of Incident:
Action Advised or Taken:	

**For Reporting Claims Information Please "See How To File A Claim Form" At www.flumc.org
This form is to be retained in the files of the local churches
and may be requested as needed.**