

United Methodist Women, National Office
Special Events Incident Report Form

Submit to National Office within 24 hours of incident or accident.

Name of Event: _____

UMW event organized by: ___ District ___ Conference ___ Jurisdiction ___ National Office

Incident Date: _____ Incident Time: _____

Incident Address / Location: _____

Injured Person's Name: _____

Injured Person's Email: _____ & Phone #: _____

Details of Incident (attach any photos or official reports):

Injury Type: _____

Did Injury require Hospital, Physician? _____ Yes _____ No

If yes:

Hospital Name: _____ Hospital Phone # _____

Hospital Address: _____

IMPORTANT NOTES (include Photos, Official Report, name(s) and contact information of witness(s):

Reporting Person's Name: _____ Report Date: _____

Reporting Person's Email: _____ & Phone #: _____

Please send completed incident report(s) or any questions to both:

Wspencer@unitedmethodistwomen.org

Wmoy@unitedmethodistwomen.org

Phone: (212) 870-3775