

**St. Vincent de Paul  
St. Matthew Conference  
Portland Council  
Incident Report**



Date of Incident: \_\_\_\_\_ Date Reported: \_\_\_\_\_

Time of Incident: \_\_\_\_\_ Location: \_\_\_\_\_

Were Police Involved (Y/N): \_\_\_\_\_ Case No: \_\_\_\_\_

Individuals Involved: (State if Client or Volunteer)

Person 1:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_

Person 2:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_

Witness:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_

Details of Incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person Submitting Report \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

(Check if continued on Page 2: \_\_\_\_\_)

