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

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