

**Girl Scouts Louisiana East**

**Corporate Headquarters**

841 S. Clearview Parkway, New Orleans, LA 70121-3119  
(504) 733-8220 (800) 644-7571 F (504) 733-8219

[www.gsle.org](http://www.gsle.org)

**Regional Service Center**

545 Colonial Drive, Baton Rouge, LA 70806  
(225) 927-8946 (800) 644-7571 F (225) 927-8402

**Accident / Incident Report Form**

(This form MUST be sent to Kimberly Schwartz, Membership Director at [kschwartz@gsle.org](mailto:kschwartz@gsle.org) or fax 225-927-8402 within 48 hours of the incident.)

**CONFIDENTIAL**

**Type of incident:**  Accident  Injury  Illness  Behavior  Other \_\_\_\_\_

Date and time of incident \_\_\_\_\_  AM  PM

Name of person involved \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

\_\_\_\_\_  
Address, City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Minor's Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian notified on \_\_\_\_\_ by whom \_\_\_\_\_  
DATE TIME

If not notified, explain why \_\_\_\_\_

**Detailed description of Incident:** (Specify location, activity, step by step sequence of events, quotes, and a diagram of the scene. Describe any action taken and suggested follow-up action(s). Use additional sheets if needed. Attach copies of any letters, police reports, pictures or related documents.)

**Witnesses / Others Affected:** (please attach a separate sheet with names, addresses, phone #, email)

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Person preparing report \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Date, Time & Place report prepared \_\_\_\_\_

Action Taken \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Accidents, incidents, or any type of crisis or emergency should never, under any circumstances, be shared on social media.**