

**Hub450/Neighbors Community Center  
Incident Report for Injuries/Accidents**

Name of person:

Address:

Phone number:

Age (check one):

- 18 or older
- Younger than 18

Date of incident:

Description of incident, including what action was taken and by whom:

If under the age of 18, was a parent/guardian notified?

- Yes
- No

Description of interaction with parent/guardian (for example, phone call; also describe what was discussed).

Name of person reporting the incident (print/type): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete and email this form to [info@neighborslancaster.com](mailto:info@neighborslancaster.com)