

# CRISIS AND SAFETY MANAGEMENT REPORT FORM

This confidential report is used to record all personal observations or telephone conversations regarding a crisis. A crisis is a circumstance or incident that may:

- threaten the safety and health of girl and/or adult members of the organization
- adversely impact the organization's finances or property
- result in negative coverage from the media
- cause opposition from the community

Immediately after contacting a council representative, complete this form and return it to the address listed below. Circulation of this information should be limited, and copies should be distributed in sealed, personal, and confidential envelopes.

Date: \_\_\_\_\_ Your name: \_\_\_\_\_

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

Date and time of emergency/incident \_\_\_\_\_

Nature of emergency/incident (*natural disaster, illness, media item, etc.*):  
\_\_\_\_\_  
\_\_\_\_\_

What happened (*be specific*):  
\_\_\_\_\_  
\_\_\_\_\_

When and where it happened (*date/time/exact location*):  
\_\_\_\_\_  
\_\_\_\_\_

Names, ages, addresses of people involved - indicate if Girl Scout members or non-members (*include troop number, program grade level, and troop leader*):  
\_\_\_\_\_  
\_\_\_\_\_

Parent/guardian name, address, phone number (*include any significant reactions if parents/guardians were notified*):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of other individuals/agencies notified (*police, fire, medical aid, etc.*):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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If automobile or bus involved, give details on owner, operators, etc.

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Witnesses -- those who were present or observed occurrences (names/addresses/phone):

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Name of Council representative notified: \_\_\_\_\_

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

Submitted by: \_\_\_\_\_

*Please print name*

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

**Please return this form to:**

Chief Marketing & Communications Officer  
St. Paul Service Center  
400 Robert Street South  
St. Paul, MN 55107  
651-227-7533 Fax