



**Office for Social Concerns**  
Catholic Diocese of Columbus

**Jail & Prison Ministry**  
**Incident Report Form**

This form is to be completed by a prison minister in the Catholic Diocese of Columbus. Jail & Prison ministers are encouraged to report incidents at correctional institutions that have resulted in barriers to ministry to those who are incarcerated. The purpose of this form is for the diocesan Office for Social Concerns to track issues that have been successfully resolved or after repeated attempts by prison ministers are still awaiting resolution.

**PLEASE PRINT**

| <b>Prison Minister Information</b>                          |                |           |
|---|----------------|-----------|
| <i>(Information about the person completing this form.)</i> |                |           |
|   |                |           |
| First Name:   | Last Name:     |           |
| Address:  |                |           |
| City:   | State:         | Zip Code: |
| Phone Number:   | Email Address: |           |

| <b>Incident Information</b>   |                   |           |
|---|-------------------|-----------|
|   |                   |           |
| Date of Incident:<br>mo:            day:            year:   | Time of Incident: |           |
| Location of Incident: <i>(Name of institution)</i>  |                   |           |
| Address:  |                   |           |
| City:   | State:            | Zip Code: |
| Describe how the incident occurred:<br><i>(Be as specific as possible. Attach separate sheet if necessary.)</i> |                   |           |
|   |                   |           |
| What did you do to resolve the problem?<br><i>(Please describe. Attach separate sheet if necessary.)</i>        |                   |           |
|   |                   |           |

**Prison Ministry  
Incident Report Form**

*(Continued)*

|  |     |   |
|--|-----|---|
| Was the incident reported to the institution?  | Yes | No  |
| If "yes" to whom: <i>(Name &amp; title)</i>  |     |   |
| Date Reported:    mo:                                  day:                                  year: |     |   |
| Where there witnesses to the incident?   | Yes | No                                  Unknown |
| If "yes" names of witnesses:<br><i>(Please add titles.)</i>  |     |   |

|   |
|---|
| <b>Response from the Institution</b>  |
| What was the response from the institution?<br><i>(Attach separate sheet if necessary.)</i>                                     |
| Who responded?<br><i>(Name &amp; title)</i>   |
| Was the incident resolved?                                  Yes                                  No<br><i>(Please explain.)</i> |

**Please submit completed form to:**

Prison Ministry  
 Office for Social Concerns  
 Catholic Diocese of Columbus  
 197 E. Gay Street  
 Columbus, OH 43215  
 (614) 241-2540 / [socmailbox@columbuscatholic.org](mailto:socmailbox@columbuscatholic.org)

|  |
|--|
| <b>For Office for Social Concerns Only</b>   |
| Date Received:    mo:                                  day:                                  year: |