

INCIDENT REPORT FORM

DATE _____ DAY _____ TIME _____

Staff Reporting Incident _____

Or Non-staff Name of person reporting incident

Incident Type:

Patron Incident

Brief Description of Incident
(Use Back if Necessary):

Injury

Illness

Vandalism

Library Evacuation

Other

Person(s) Involved: Name and Contact Info

Witness(es) Name and Contact Info (including Staff)

Staff Action Taken (use back if necessary)

Police or Emergency Agencies Contacted

Follow-up Required

Director _____

Date _____