

Incident Report

Date Completed: _____

Staff Name: _____

Library: _____

Individual Involved: _____

Individual's Library Card Number: _____

Type of Incident that Occurred: _____

Date and Time of Occurrence: _____

Location of Occurrence/Video Camera Location: _____

Please describe the situation, giving as many details as possible: _____

(Please use additional sheets if necessary)

Witnesses and their Contact Information:

Incident Reported to: _____

Via (telephone, e-mail): _____

Date Reported: _____

Signature

Date

