ACCIDENT / INCIDENT REPORT

DATE ___________________ and TIME ___________________ of incident.

Location of incident (print): __________________________________________

Name of individual reporting incident (print): ___________________________

Name(s) of all persons involved in the incident (print):

Names of other witnesses (patrons or staff) and phone number (print):

Did physical violence or damage to property occur?  □ NO  □ YES

Was the safety of a person endangered?  □ NO  □ YES

Was a patron or staff member injured?  □ NO  □ YES

Any evidence from the incident (e-mails, photos, etc.)?  □ NO  □ YES

Was an outside agency called (EMS, Police, etc)?  □ NO  □ YES

If yes to any above, describe (agency, responding officer name, who took photos, first aid or treatment provided, etc):

Detailed description of incident (be sure to name all of the individuals involved, use opposite of sheet if necessary.)

Report prepared by: ________________________________________________________________________

______________________________  ________________________
Signature                           Phone Number

_____________________
Date