INCIDENT REPORTING FORM

Date Time		
Staff member reporting		
Other staff present		
Customer Name		Male Female
Date of Birth or Age	Under 18?	YES NO
Address		
Phone		
Specific location of incident		
Description of incident		
Were authorities called? Yes No Responding parties		
Officer Name(s)		
Was anyone taken or escorted from the premises? Who		
Why		
By whom		
By what means (ambulance, police car, etc.)		
Were injuries sustained? Yes No If yes, please des	scribe	
If a fall, was it caused by wet floor, loose carpet, items in walk the library's part? Yes No	kways, or other po	ossible negligence on
Please describe		
Were wet floor, caution, or other warning signs visibly posted	? Yes No	
Was customer's personal or library property damaged? Yes	es No	
Please describe		

If incident was an interaction two or more persons, please list all parties involved:			
What was the source of the conflict			
Were there any other outstanding circumstances that may have contributed to the incident? (e.g. v weather, large audience for event, power outage, etc.)			
Witness(es)			
Phone			
Relation to injured party			
Was incident captured by security cameras?			
Was incident captured by other video or photographic means?			
If yes, please describe (include names and phone numbers)			
Concerned party's account of Incident (optional)			
Would you like to be contacted by the Library Director to further discuss the incident? Yes	<u>No</u>		
Signature Date			
Printed Name			