Date of Report _____________  Date of Incident ____________  Time of Incident ____________

Nature of the Incident:
☐ Complaint  ☐ Equipment Failure  ☐ Theft  ☐ Fight/Altercation
☐ Behavior  ☐ Other __________

Name(s) Involved and Contact Information __________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Details of Incident

Building/Area Location: __________________________________________________________

Describe the Incident in complete detail:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Witness _________________________________ Phone _______________________________
Witness _________________________________ Phone _______________________________

Action taken: __________________________________________________________________
_____________________________________________________________________________

I have read the report thoroughly and all information given is correct to the best of my knowledge.
I understand the terms stated above:

✓ Participant involved__________________________________________ Date __________

✓ Employee Completing Report ________________________________ Date __________

Report Reviewed By:
✓ Full Time Staff ____________________________________________ Date __________