



**INCIDENT REPORT FORM**

Date \_\_\_\_\_

Time \_\_\_\_\_

Name of person completing this form:

Description of incident:

Description of action taken:

Description of any follow-up required:

Suggestions for preventing similar incidents:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature witnessed by: \_\_\_\_\_ Date \_\_\_\_\_

Please submit an email copy (without signature) and a hard copy to the Library Director as soon as possible after the incident.

Related Policy: **Patron Relations**