

Indian River Area Library

Incident Report Form

Staff: Please complete this report for any accidents, injuries, emergencies, conflicts, or other incidents out of the ordinary involving patrons or staff. Please provide as much detail about the occurrence as possible. Once complete, please give the form to the Library Director.

REPORTED BY: _____

DATE & TIME: ___/___/___ AT ___:___ AM / PM (Circle one)

LOCATION: _____

STAFF MEMBERS PRESENT OR INVOLVED: _____

LIBRARY PATRONS PRESENT OR INVOLVED (include names, addresses, and phone numbers):

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

PLEASE DESCRIBE THE INCIDENT IN DETAIL (use other side or additional sheets if necessary)

Were police called? Y / N Name of Responding Officer: _____

Was emergency medical assistance required? Y / N Describe: _____

Director's Signature _____ **Date** _____