Incident Report

Use this form to report any security-related incident that you witness occurring. (e.g. verbal abuse, destruction of Library materials, disruptive and/or disturbed patrons, theft, obscene phone calls, inappropriate use of computers, sexual offenses, etc.)

Please submit the completed form to the Library Director.

Date of incident:	
Time of incident:	
Where incident occurred:	

Description of incident. Give a specific and clear description of the incident. Attach another sheet of paper if necessary.

Additional Information:

Were any emergency services involved?

- ☐ No
- ☐ Yes, they arrived at _____:_____ AM/PM
  - ☐ Police
  - ☐ Ambulance
  - ☐ Paramedics
  - ☐ Fire Department

Did anyone file a formal complaint?

- ☐ No
- ☐ Yes, Indicate any contact information available (name, phone number, etc)

Staff Member(s) Initials:	
Date of Report:	
Date received by Director:	

Follow up, if necessary: