

DOLTON PUBLIC LIBRARY DISTRICT Incident Report Form

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To: *Administrative Librarian*

CC: *Library Supervisor on Duty*

Part I:

Reporting Library Staff Person

Position/Title:

Part II:

Date of Incident: *DD/MM/YY* ___/___/___ Time of Incident: ___ AM PM

Address of Incident:

Exact Location of Incident:

[Where did it happen?]

Part III:

Incident Type:

Illness

Violence

Safety Issue

Patron Issue

Accident

Other: *[indicate]*

Part IV:

Person(s) Involved in Incident:

Name:

Address:

Telephone Number:

Name:

Address:

Telephone Number:

Description of Person(s) Involved in Incident if Names Unknown:

Describe Incident:

Action Taken:

911 Contacted

Police Contacted
[Name of Police Officer(s)]

Ambulance Called
[Name of Ambulance Co.]

**Patron Escorted Off Premises
By Library Security**
[Name of library staff person]

Staff Person Writing Incident Report:

Print Name

Signature