DOLTON PUBLIC LIBRARY DISTRICT
Incident Report Form

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 ☐

☐ _____

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

_____

Staff Person Writing Incident Report: _____

Print Name

_____

Police Contacted
[Name of Police Officer(s)]

Ambulance Called
[Name of Ambulance Co.]

Signature