

Incident Form – Dixie Regional Library System

(Please send to the Headquarters office within 72 hours of incident)

Library: **Location:** **Date:** **Time:**

Description of Incident *(what happened/where/how/etc):*

Injuries

Person(s) involved *(Names/Addresses/Descriptions):*

Actions Taken: Police Called? Responding officer:

Case # Ambulance called? Responder name:

Family called? Person ejected from building?

Supervisor Notified? *(Name, Date & Time)*

Other action *(please explain):*

Staff member making report - Signature: _____

Injured party - Signature:(for workman's comp.)_____

Additional Information:

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Date Received at Headquarters Office:

Received by: