



Incident Report Form

Incident

Location of Incident in Library

Date Incident Occurred

Time Incident Occurred

Type of Incident

- Accident – no injury
- Accident – injury
- Harassment
- Vandalism (continue on next line)
- Other

Type of Vandalism

- Graffiti
- Broken Glass
- Scratches/Keyed
- Lawn Marks
- Smashed Door/Window
- Other

Date Vandalism Discovered

Time Vandalism Discovered

Narrative *include how, why and details of any injuries.*

Action Taken/Follow Up

Office Use Only

Reported By:

Address:

Phone Number:

Report Date

Report Time

Date Occurred

Time Occurred