



## Incident Report Form

<b>Incident</b>	
Location of Incident in Library	
Date Incident Occurred	Time Incident Occurred
Type of Incident <input type="checkbox"/> Accident – no injury <input type="checkbox"/> Accident – injury <input type="checkbox"/> Harassment <input type="checkbox"/> Vandalism (continue on next line) <input type="checkbox"/> Other	
Type of Vandalism <input type="checkbox"/> Graffiti <input type="checkbox"/> Broken Glass <input type="checkbox"/> Scratches/Keyed <input type="checkbox"/> Lawn Marks <input type="checkbox"/> Smashed Door/Window <input type="checkbox"/> Other	
Date Vandalism Discovered	Time Vandalism Discovered
<b>Narrative</b> <i>include how, why and details of any injuries.</i> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
<b>Action Taken/Follow Up</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
<hr/> <hr/>	
<b>Office Use Only</b>	
Reported By: _____	
Address: _____	Phone Number: _____
Report Date	Report Time
Date Occurred	Time Occurred