Recreation and Senior Services Department

Incident Report

Circle One: Suspension Warning Other_____

Date of Incident: _____ Time of Incident _____

Employee/Instructor Name _____ Title _____

Participant's Name: _____Site:_____

Description of Incident:

Please use reverse side of this page if needed

Employee's/Instructor's Actions:

Individuals Involved (List Names and Numbers):

Name/Phone #: _____ Name/# _____

Name/Phone #: _____ Name/#_____

Comments of those involved: _____

_____

_____

List Any Phone Calls Made (police), Other Reports Completed & Discipline Levied:

_____

_____

Supervisor's Comments: _____

_____

Witnesses: _____ _____ _____

Name/Phone # Name/Phone # Name/Phone #

Signature of person completing form: _____ Date_____

Parent/Guardian Acknowledgement _____ Date _____

Recreation Division Signature _____ Date _____