

Recreation and Senior Services Department

Incident Report

Circle One: St	uspension	vvarning Other		
Date of Incident: Time of Inc			cident	
Employee/Instructor N	ame	Title _	Title	
Participant's Name:		Site:		
Description of Incide	nt:			
	Planca usa r	overse side of this page if n	andad	
	Please use i	everse side of this page if n	eeaea	
Employee's/Instructo	r's Actions:			
Individuals Involved	(I ist Namas and	Numbers):		
ilidividuais ilivolved	List Names and	Numbers).		
Name/Phone #:		Name/#		
Name/Phone #:		Name/#		
Comments of those inv	/olved:			
List Any Phone Calls	Made (police), (Other Reports Completed &	Discipline Levied:	
0				
Supervisor's Commen	(S:	 		
Witnesses:				
Witnesses:	ıme/Phone #	Name/Phone #	Name/Phone #	
Signature of person co	mpleting form:		Date	
organization of person oc	mpioung ionii			
Parent/Guardian Acknowledge	owledgement		_ Date	
Recreation Division Signature	gnature	D	ate	