INCIDENT REPORT

Galesburg-Charleston Memorial District Library, 188 E. Michigan Ave., Galesburg, MI 49053
Phone 269-665-7839 • Fax 269-665-7788

___ Personal Injury  ___ Property Damage  ___ Unlawful behavior  ___ Other

Date: ___________________________  Time: ___________________________

Place incident occurred: (be specific) ______________________________________
____________________________________________________________________
____________________________________________________________________

Describe the incident / accident: (be specific)
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

(Use additional page if more space is needed)

Who was directly involved in the incident: (include phone numbers if possible)
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

(Use additional page if more space is needed)

Staff members present:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

(Use additional page if more space is needed)

Other witnesses: (include phone numbers if possible)
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

(Use additional page if more space is needed)
Action taken by staff:

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

(Use additional page if more space is needed)

Were the Police/Fire Dept. called?  ___Yes*  ___No

* Public Safety Case #  ________________________________________________________________

* What did police/fire do?  ________________________________________________________________

_______________________________________________________________________________________________

(Use additional page if more space is needed)

Was any other person or agency called?  ____Yes*  ____No

* Who was called (include phone number):

_____________________________________________________________________________________________

(Use additional page if more space is needed)

* What did the person or agency do?

_____________________________________________________________________________________________

(Use additional page if more space is needed)

Any other data or comments about this incident:  ______________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

Follow up action required / taken:  _____________________________________________________________

_____________________________________________________________________________________________

Who filed this report?

__________________________________________________________

Signature  Date

Please print full name

Please give this report to the Director immediately.