



# 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:**

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(Use additional page if more space is needed)

**Were the Police/Fire Dept. called?    \_\_\_ Yes\*    \_\_\_ No**

★ Public Safety Case # \_\_\_\_\_

★ What did police/fire do? \_\_\_\_\_

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(Use additional page if more space is needed)

**Was any other person or agency called?    \_\_\_ Yes\*    \_\_\_ No**

★ Who was called (include phone number):

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(Use additional page if more space is needed)

★ What did the person or agency do?

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(Use additional page if more space is needed)

**Any other data or comments about this incident:** \_\_\_\_\_

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**Follow up action required / taken:** \_\_\_\_\_

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**Who filed this report?**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Please print full name*

**Please give this report to the Director immediately.**