

Incident Report Policy

The completion of an Incident Report form is required for any of the following:

- Accident
- Drug, Alcohol or mental illness
- Patron disturbance
- Theft/Robbery
- Bomb threat
- Explosion
- Tornado
- Building Malfunction
- Fire
- Unattended Children
- Serious Medical/Death
- Injury
- Policy Violation
- Harassment
- Verbal Abuse
- Vandalism

An incident form should be completed by the employee involved within 24 hours and turned into the Director. The Director will decide on the next appropriate action.

Attachment-Incident Report Form

Approved by Board of Trustees August 8, 2022

Incident Report Form

Date of Incident: _____

Time of Incident: _____

Name of employee filling out report: _____

<p>Type of Problem:</p> <ul style="list-style-type: none"><input type="radio"/> Accident<input type="radio"/> Drug, Alcohol or mental illness<input type="radio"/> Patron disturbance<input type="radio"/> Theft/Robbery<input type="radio"/> Bomb threat<input type="radio"/> Explosion<input type="radio"/> Tornado<input type="radio"/> Building Malfunction<input type="radio"/> Fire<input type="radio"/> Unattended Children<input type="radio"/> Serious Medical/Death<input type="radio"/> Injury<input type="radio"/> Policy Violation<input type="radio"/> Harassment<input type="radio"/> Verbal Abuse<input type="radio"/> Vandalism<input type="radio"/> Other: _____	<p>Action Taken:</p> <ul style="list-style-type: none"><input type="radio"/> Ambulance called<input type="radio"/> Police called<input type="radio"/> Fire Department called<input type="radio"/> Library Director called<input type="radio"/> Evacuated Library<input type="radio"/> Utility Company called<input type="radio"/> Other (handled within the library)
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Location of Incident: _____

Name of Patron(s) involved (if minor, include parent information):

Address: _____ Phone: _____

Give a brief, precise, description of the incident:

Employee Signature: _____ Date: _____

Director Signature: _____ Date: _____

Follow up notes:

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