

Mount Morris Library

121 Main Street
Mount Morris, New York 14510

Incident Report Form

Date: _____

Time: _____

Name of Staff Reporting Incident: _____

Initials of Reviewing Supervisor: _____

Incident Type

- Illness/Injury Vandalism Maintenance
 Patron Incident/Complaint Library Evacuation
 Other _____

Person(s) Involved, Names and Contact Info:

Witness(es) Name and Contact Info (including Staff):

Brief Description of Incident/Complaint:

Incident Report Form (cont.)

Description of Incident/Complaint (continued):

Staff Action Taken to Produce Resolution:

Police or Emergency Agencies Contacted, and Actions Taken:

Notes/Follow-up Required: