

# Incident Report Form

Date and Time: \_\_\_\_\_

Location (i.e., department or area of the library):

\_\_\_\_\_

Initial staff person: \_\_\_\_\_

Other staff involved: \_\_\_\_\_

Patron name (if known): \_\_\_\_\_

Patron description:

Issue (i.e., stress point):

Resolution:

Notes: (e.g., what the library might do to affect this stress point; what the staff member might do differently next time; request for follow-up by staff member.