

**APPENDIX A
STAFF INCIDENT REPORT FORM**

POLICY 1059

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Library: _____

Date: _____

Time: _____ a.m. / p.m.

Section of the library in which the incident took place: _____

Name of Patron(s) and address (if possible):

Staff / Witness(es) Present:

Physical Description of Patron(s):

Nature of Complaint/Incident:

Action Taken (include length of suspension, where applicable):

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Parent /legal guardian of child or youth under 19 years notified: yes/ no

Comments:

Police Called: yes / no

Time: _____ a.m. / p.m.

Time Police Arrived: _____ a.m. / p.m.

Name of Attending Officer(s):

Additional Comments:

Print Name: _____
Library Employee

Print Name: _____
Library Employee in Charge

Signature: _____

Signature: _____

Date Incident Report was reviewed by Regional Director:

Print Name: _____
Regional Director

Signature: _____
Regional Director

Date: _____