



INCIDENT REPORT FORM

To be filled out by injured party and Gardiner Library staff member.

Date of incident: _____ Time of incident: _____

Location (please be specific): _____

Name: _____

Address: _____

Home phone: _____ Cell phone: _____

Description of incident (please be specific): _____

Witness(es): _____

Injured party signature: _____

Staff signature: _____

Doctor's name (if applicable): _____

Doctor's phone: _____

Insurance company: _____

Policy number: _____

Police report number (if applicable): _____

Action taken by staff: _____
