

WPL INCIDENT REPORTING FORM

DEPARTMENT/AGENCY _____ DATE OF INCIDENT _____

PERSON REPORTING INCIDENT _____

TIME OF INCIDENT _____ TODAY'S DATE _____

TYPE OF INCIDENT _____

DESCRIPTION OF INCIDENT

NAME(S) OF PERSON(S) INVOLVED

ADDRESS _____

PHONE NUMBER _____

CONTACTS MADE (e.g., Fire Department, Police, Maintenance Department)

NAME OF POLICE OFFICE (if contacted)

SIGNATURE OF PERSON REPORTING _____

SUPERVISOR'S SIGNATURE _____

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