

**Incident Report Form
Bullitt County Public Library**

Circle one or more: Personal injury / Theft, damage, or loss of personal property / Threat or assault / Police called

Date of Incident: ____/____/____

Time of incident: _____AM / PM

Name(s), address(es), and telephone number(s) of involved parties: _____

Name and/or description of problem patron/suspect: _____

Description of the incident: _____

Where did the incident occur? _____

Who was the first to respond? _____

Witnesses (names and addresses)

(1) _____

(2) _____

(3) _____

Describe any injuries (for example: bruise and cut to right knee): _____

Describe action taken by staff or other individuals: _____

On-site CPR / defibrillator use? yes / no **EMTs called?** yes / no

Describe transportation used to remove injured party _____

The injured **A) REQUESTED** treatment **or** **B) REFUSED** treatment **(circle one)**

Injured party's signature (if obtainable): _____ **Date:** _____

Describe damaged / stolen items: _____

Approximate replacement cost: _____

Police Report? yes / no **Officer on call:** _____

Involved party's signature: _____

Involved party's signature: _____

Involved party's signature: _____

Witness signature: _____

Witness signature: _____

Witness signature: _____

Signature of staff member making report: _____

All Incident Report Forms should be given to the Branch Manager, if the event occurs at a Library branch, and a copy should also go to the Director.