Incident Report Form Bullitt County Public Library

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: Don-site CPR / defibrillator use? yes / no Describe transportation used to remove injured party The injured A) REQUESTED treatment or B) REFUSED treatment (circle one)	Circle one or more: Personal injury / Theft, d	amage, or loss of pers	onal property / Threat	or assault / Police called
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Witness signature:	Involved party's signature:			
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	Witness signature:			
Signature of staff member making report:	Witness signature:			
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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.