

**WHITMAN PUBLIC LIBRARY
LIBRARY INCIDENT REPORT FORM**

Date: Time:

Person Reporting Incident:

Duty Librarian:

Reported Incident Type:

- | | | | |
|--------------------------------------|---|--|---|
| <input type="checkbox"/> Theft | <input type="checkbox"/> Illness/Injury | <input type="checkbox"/> Assault | <input type="checkbox"/> Vandalism |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Open door | <input type="checkbox"/> Alarm Problem | <input type="checkbox"/> Problem Patron |
| <input type="checkbox"/> Other | | | |

Name and Contact Info (Address, Phone, Email) of Person Involved (If Known):

Names and Contact Info (Address, Phone, Email) of Witnesses (If Any):

Brief Description of Incident:

Staff Action Taken:

Follow-up Actions: