

WPL INCIDENT REPORT

Dept. / agency: _____ Today's date: _____

Staff reporting incident (print): _____

Incident time: _____ Incident date: _____

Incident description:

Name(s) of persons involved (attach additional sheets if necessary):

Address:

Phone number(s):

Contacts made by staff (e.g., police, fire, maintenance departments):

Police officer name (if contacted): _____

Signature of person reporting incident: _____

Supervisor's signature: _____

Distribution:

- Administration
- Agency file
- Agency head
- Branch / Main Library coordinator