

Mount Morris Library
121 Main Street
Mount Morris, NY 14510

INCIDENT REPORT FORM

DATE _____ DAY _____ TIME _____

Staff Reporting Incident _____

Incident Type

- Illness/Injury
- Vandalism
- Maintenance

- Patron Incident
- Library Evacuation
- Other _____

Person(s) Involved Name and Contact Info

Witness(es) Name and Contact Info (including Staff)

Brief Description of Incident (use back if necessary)

Staff Action Taken (use back if necessary)

Police or Emergency Agencies Contacted

Follow-up Required

