

**Honeoye Public Library
8708 Main Street
Honeoye, NY 14471**

INCIDENT REPORT FORM

DATE _____ DAY _____ TIME _____

Staff Reporting Incident _____

Incident Type

- | | |
|---|---|
| <input type="checkbox"/> Illness/Injury | <input type="checkbox"/> Patron Incident |
| <input type="checkbox"/> Vandalism | <input type="checkbox"/> Library Evacuation |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> 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

