

ACCIDENT/INCIDENT REPORT FORM

Date of incident: _____ Time: _____ AM/PM

Name of injured person: _____

Address: _____

Phone Number(s): _____

Who was injured person?(circle one) Employee Library Patron

Type of injury: _____

Details of incident: _____

Signature of injured party _____

Date

*No medical attention was desired and/or required.

Signature of injured party

Date

Return this form to Library Director within 24 hours of incident.