Ventress Memorial Library
Incident Report Form

Date of Incident: _____

List People Involved:_____
_____

Event Facts

What Occurred:_____
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(Use another sheet of paper and attach to this form as needed to fully document the incident.)

Action Taken

What Action Was Taken to Handle the Situation: (phone calls made, discipline utilized, ER or Doctor Visit, medication administered, safety plan created, etc.)

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