



REDMOND PARKS and RECREATION
INCIDENT REPORT
PROGRAM PARTICIPANT/PARK VISITOR

Person(s) Involved Last First/MI Age

Address City Zip

Phone Email

Date: Time of Incident: Specific Location

Medical Theft Property Damage Other (choose all that apply)

Reported to Responding Officer/Case #

Describe other assistance needed (911 called, etc.)

Witnesses

Table with 3 columns: NAME, CELL PHONE, ADDRESS

Employee/contractor - supervising activity (if any) Position

Description of Incident (be specific, including equipment)

Action taken

Family member notified? Name Phone

Report prepared by Phone

Signature Date

Submit to Supervisor immediately

Follow up call (within 48 hours) Date

Follow up Notes:

Reviewed by: Date

Supervisor/Manager Date

Parks and Recreation Director Date