



Patron Incident Report

TO BE SUBMITTED WITHIN 24 HOURS OF INCIDENT TO SUPERVISOR

Date of Incident: _____ Time: _____ Activity: _____

Nature of Incident: _____

Name(s) of Person(s) Involved in the Incident:

Name	Address	City	Zip	Phone

Please describe the incident in detail:

(If more space is needed, continue on the back)

Action Taken:

Were the police contacted about this incident? Yes _____ No _____

Officer's Name: _____ Case Number: _____

If minors were involved, please list the parents or guardians that were contacted: _____

Witnesses:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Employee Witnesses

Name: _____

Job Title: _____

Name: _____

Job Title: _____

Employee Signature: _____

Date: _____

Parent's Signature (if child is picked up): _____ Date: _____

Supervisor: _____

Follow up:

Please submit original to Finance Director, City Hall