

# BAY COUNTY LIBRARY SYSTEM

## INCIDENT REPORT

BRANCH & DEPT: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME: \_\_\_\_\_

TYPE OF SITUATION: \_\_\_\_\_

STAFF PERSON COMPLETING FORM: \_\_\_\_\_

DESCRIBE WHAT HAPPENED AND PERSONS INVOLVED:

ACTION TAKEN: \_\_\_\_\_

Staff Witnesses: NAME BRANCH/DEPARTMENT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Non-staff Witnesses: NAME ST/CITY/ZIP PHONE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILE & KEEP ORIGINAL COMPLETED FORM AND SEND A CLEAR COPY TO ASSISTANT DIRECTOR