

PATRON INCIDENT FORM

Date _____

Report Filed By _____

Type of Incident _____

Patron name or nickname, address, telephone, and library card/ID number

Sex: Male _____ Female _____ Height: _____

Weight: _____ Build: _____ Race: _____ Age: _____

Hair: (color, style, length, etc.) _____

Facial Features: (glasses, beard, etc.) _____

Clothing: _____

Other distinguishing features or mannerisms: _____

Time incident occurred: _____ AM PM Police Called? Yes _____ No _____

Other staff who can identify: _____

Incident: _____

Additional Comments: _____

PATRON ACCIDENT REPORT

Name _____ Phone Number _____

Address _____

Date of Accident _____ Time of Accident _____

Injury (be specific) _____

How injury occurred _____

Witnesses _____

Medical attention provided at time of injury _____

Does this injury require professional medical attention? ____ Yes ____ No

If yes, please list doctor/hospital _____

Comments: _____

Staff Signature _____ Date _____