

### Raquette Lake Library Incident Report Form

Use this form to report accidents, injuries, medical situations, or inappropriate behavior incidents (including incidents involving damage to library property). If possible, the report should be completed within 24 hours of the incident. Completed forms should be given to the Library Director or a member of the Library Board. They can be mailed to the Raquette Lake Library, 1 Dillon Rd, P.O. Box 129, Raquette Lake, NY 13436 or emailed to or via email to the Library Director at [CDufft@sals.edu](mailto:CDufft@sals.edu) or the Library Board at [raquettelakelibrary@gmail.com](mailto:raquettelakelibrary@gmail.com)

Information about the person involved in the incident:			
Full name			
Home Address			
<input type="checkbox"/> Patron <input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer			
Phone Numbers	Home	Cell	Work

Information about the incident		
Date of incident	Time	Police notified: <input type="checkbox"/> yes <input type="checkbox"/> no
Location of incident		
Description of incident (what happened, how it happened, factors leading to the event...) Be as specific as possible; attaching additional sheets if necessary.		
Witnesses to the incident, including names, addresses, and phone numbers:		
Medical treatment provided? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> refused If yes, where was treatment provided: <input type="checkbox"/> on site <input type="checkbox"/> Urgent Care <input type="checkbox"/> Emergency Room <input type="checkbox"/> Other		

Individual submitting report (print name)
Signature
Date completed:

**FOR LIBRARY USE ONLY**

Report received by \_\_\_\_\_

Date \_\_\_\_\_

Document any follow-up action taken after the receipt of the incident report.

Date	Action Taken	By Whom