Dryden Public Library Incident Report

Date: _____

Employee Name: _____
Time: _____

Description of incident: (Please include name/description of individuals involved)

_____

Witnesses and Contact Information

_____

Were any authorities called for assistance? (ie: Police, Fire, Ambulance etc.)

_____

Recommended action to be taken

_____

By signing this document, you acknowledge that you have read and understood the information contained herein

Employee	Manager
Date	Date