

Incident Form

Potsdam Public Library

(Please send to the Director's office when completed) -----Received by Director

Location: _____ Date: _____ Time: _____

Description of Incident:

Description of Person(s) involved:

Name/Address of Patron(s) involved:

Witnesses:

Action Taken: ___ Police Called ___ Supervisor notified ___ Person ejected from building ___

Other Please explain):

Name of responding officer: _____ Case # _____

Staff member making report - Signature: _____

Additional Information:
