



Tracking Number: # _____

INCIDENT REPORT

This form is a report of an:

INCIDENT: CATEGORY ONE

CATEGORY TWO

CATEGORY THREE

I. IDENTIFYING INFORMATION

Incident Identifying Title:

Initial Report

Follow-up Report

Date of Incident:

Time of Incident:

Location:

Location of Incident:

Street Address:

Building/Field:

City:

II. CATEGORIES: (Please place an "X in front of all that apply)

Visitor	Member		Visitor	Member	
		Abuse /Neglect			Sexual Assault / Harassment
		Accident / Injury / Illness			Suicide Attempt
		Altercation / Fight			Theft / Vandalism / Damage
		Bomb Threat			Other
		Contraband / Drugs			
		Disaster (Natural or Other)			
		Misconduct / Criminal Activity			

III. PARTICIPANT(S) / WITNESS(ES)

Name	Phone Number	Visitor	Member	Victim	Witness

INCIDENT REPORT INSTRUCTIONS

IV. DESCRIPTION OF INCIDENT

A. Give Detailed Account – Insert additional lines as Necessary (Who, What, When, Where, Why, How)

V. INVESTIGATIVE FINDINGS, ACTIONS TAKEN AND COMMENTS

Contributing Causes to the Incident: (check all that apply) Describe below as necessary:
1. Rules and regulations not followed. 2. Member/Visitor demonstrated knowledge, but disregarded.
3. Rules and regulations not enforced. 4. Member/visitor disruptive behavior.
5. Member/visitor entry into unauthorized area. 6. Member/ Visitor disregard for property.

VI. FOLLOW-UP REQUIRED?

Is follow-up action needed? NO YES Specify:

Corrective Action Plan:

Corrective Action Needed	Person Responsible	Due Date	Action Completed

INCIDENT REPORT INSTRUCTIONS

VII. INDIVIDUALS NOTIFIED (DATE / TIME)

Date Time

C.C.S.F. Field Marshal
 EMS (Notice of Injury)
 Parent / Guardian / Family
 Member
 C.C.S.F. Secretary
 C.C.S.F. V.P. Recreation

Date Time

Department:
 Officer's Name:
 Badge Number:
 Other – Specify

LAW ENFORCEMENT

VIII. ORIGINATING OFFICE

The incident has been investigated, the proper officials have been notified, and the corrective actions have been implemented.

	Name	Title	Phone Number	Signature	Date
Field Marshal					
CCSF Secretary					
#V.P. Recreation					

INCIDENT REPORT INSTRUCTIONS

INCIDENT REPORT INSTRUCTIONS

Check box to Indicate whether report is for incidents of categories one, two or three.

Category One: Visitor/Member (Disputes, Complaints, Damage to property under \$500)

Category Two: Other (Criminal Acts result in arrests, Illicit items, Damage to property over\$500)

Category Three: Disaster (Storms, Tornados, Hurricanes, Wind, Flooding, Lightning)

Section I: Identifying Information

- (1) *Incident Identifying Title-* Briefly identify the incident by title.
- (2) *Initial Report-* Mark an X in the Initial Report space if the incident report is the first incident report to be completed for the incident that occurred.
- (3) *Date of Incident-* Write the date the incident occurred.
- (4) *Time of Incident-* Write the time the incident occurred.
- (5) *Follow-up Report-* Mark an X in the Follow-up incident report space if the incident report being completed is following up an incident that an incident report has already been completed for.
- (6) *Location-* Write the location where the incident occurred.
- (7) *Street Address-* The street address where the incident occurred.
- (8) *Building/Field-* The building/field where the incident occurred.
- (9) *City-* The city where the incident occurred.

Section 2: Categories (*Place an X in the appropriate box that reflects the classification of the incident that occurred*).

- (1) *Visitor / Member-* Place an X in either the visitor or member box depending on who prompted the incident. An X may be placed in both boxes if the incident involved a visitor and member.
- (2) *Other-* Write in incident category if it is not included on form.
- (3) *Disaster-* Place the type of disaster that has occurred.

Section 3: Participant(s)/ Witness(es) (*Place information in the appropriate box*).

- (1) *Name-* Write the name(s) of all participants and witnesses of the incident.
- (2) *Phone Number-* Write the phone number(s) of all participants and witnesses of the incident.
- (3) *Visitor / Member-* Place an X in either the visitor or member box depending on role of the participant or witness.
- (4) *Victim / Witness-* Place an X in either the Victim or Witness box depending on the role of the participant or witness.

Add pages if necessary to include all participants and witnesses.

Section 4: Description of Incident (*Provide a detailed account of the incident that occurred*).

- (1) Explain the incident that occurred. Include who, what, when where, why and how the incident occurred.
- (2) Include drawings and or photos if necessary.

Add pages as necessary.

INCIDENT REPORT INSTRUCTIONS

Section 5: Investigative Findings, Actions Taken and Comments (*Explain the actions taken after the incident occurred*).

- (1) Place a check mark to indicate the contributing causes of the incident.
- (2) Provide detailed information on the findings of incident investigation, actions taken, and any comments pertinent to the investigation.

Add pages as necessary.

Section 6: Follow-up Required (*Complete the appropriate box*).

- (1) Specify whether follow-up action is needed.
- (2) State each corrective action needed, person or persons responsible for taking the corrective action, due date for completing the corrective action, and indicate the date when the corrective action was completed.

Add pages and attachments, if necessary.

Section 7: Individuals Notified (Date / Time) (*Fill in all appropriate boxes*).

- (1) *Date*- The date the particular individual was notified.
- (2) *Time*- The time the particular individual was notified.
- (3) *Parent / Guardian / Family Member*- State the name and phone number of the person notified.
- (4) *Law Enforcement*- Indicate the police department, officer's name, and badge number of the law enforcement official that was notified of the incident.
- (5) *Other*- Specify any other individual that was notified of the incident.

Section 8: Originating Office (*All boxes must be completed*).

- (1) The reporting site official (Field Marshal), CCSF Secretary and CCSF V.P. Recreation must print in his/her name, position title, and phone number.
- (2) Each must sign and date the form verifying the above information is accurate to the best of their knowledge.

The date should be the date the form is signed.

NOTE: Do not delay the immediate reporting of an incident because this must be report within 72 hours.