

Complete this form and deliver it to the library director within 24 hours of the incident.

Mahopac Public Library Incident Report

Date: _____

Your name: _____ Signature: _____

Type of incident: _____

Incident Date: ___/___/___; Time: _____; Location: _____

List the name(s) of person(s) affected by this incident, including address(es) and phone number(s):

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check any officials called or responding to the scene:

Police Fire Department Paramedics
 Sheriff State Police Other: _____

List the name(s) and phone number(s) of any witnesses:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

What do you believe caused this incident?

What actions, if any, do you feel should be taken now to prevent a recurrence?

On the back of this form, describe the incident as fully as possible, including sketches if appropriate, and any resulting damages and/or injuries. If appropriate, use and attach a Suspect Description form to clarify.