

TOWN OF TWO HILLS PUBLIC LIBRARY BOARD POLICY MANUAL

APPENDIX M

(Policy #802)

ALICE MELNYK PUBLIC LIBRARY INCIDENT REPORT FORM WORKPLACE VIOLENCE PREVENTION AND INTERVENTION

Date of Incident: _____

Time of Incident: _____

Incident Reported To: _____

Location Incident Occurred: _____

Police Called: _____ **Yes** _____ **No**

Photos Taken: _____ **Yes** _____ **No**

Type of Incident: (circle applicable incident)

Accident Fire Theft Injury Property Damage

Threat Suspicious Behaviors Workplace Violence

Name of Person completing this form: _____

Name(s) of Person(s) involved in the Incident: _____

Description of the Incident: (Please attach additional paper and documentation if required.)

Description of action, intervention taken at the time of the incident:

What steps could have been taken to prevent the incident:

Witness Name:_____

Contact Number:_____

Supervisor Contacted:_____ **Yes**_____ **No**_____

Name:_____

Date Contacted:_____

Your Name:_____

Position:_____

Contact Number:_____

Data of Follow Up:_____

Follow Up Taken:

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