

Naples Library
Incident Report Form

Use this form to report accidents, injuries, medical situations, or patron behavior incidents. (Incidents involving a crime should be reported directly to the Sheriff.) If possible, the report should be completed within 24 hours of the event. Submit completed forms to the Library Director.

INFORMATION ABOUT PERSON INVOLVED IN THE INCIDENT

Full Name
Home Address
Phone Numbers
Home
Cell

INFORMATION ABOUT THE INCIDENT

Date of Incident	Time	911 Called
		YES <input type="checkbox"/> NO <input type="checkbox"/>
Location of Incident		
Description of Incident (what happened, how it happened, factors leading to the event, etc.) Be as specific as possible (attached additional sheets if necessary)		
Were there any witnesses to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, attach separate sheet with names, addresses, and phone numbers		

Was the individual injured? If so, describe the injury (laceration, sprain, etc.), the part of body injured, and any other information known about the resulting injury(ies.)
Was medical treatment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
If yes, where was treatment provided: <input type="checkbox"/> on site <input type="checkbox"/> Urgent Care <input type="checkbox"/> Emergency Room <input type="checkbox"/> Other

REPORTER INFORMATION

Individual Submitting Report (print name)
Signature
Date Report Completed

FOR OFFICE USE ONLY

Report Received by _____ Date _____

Document any follow-up action taken after receipt of the incident report.

Date	Action Taken	By Whom