City of Redding Community Services
1250 Parkview Avenue
P.O. Box 496071 ◆ Redding, CA 96049
Phone (530) 225-4095 ◆ Fax (530) 225-4585

Program Incident Report

This form is to be used for all non-accident occurrences such as vandalism, equipment breakage, safety drills, fights, etc.

(Circle)

Day: Su M T W Th F Sa Date: _____ Time: _____ AM _____ PM

Facility/Location: _____ Address: _____

Describe Incident/Findings: _____

_____

_____

_____

Action Taken: _____

_____

_____

Was 911 called? Yes / No (circle) Were the Police notified? Yes / No (circle)

What can be done to prevent this incident from reoccurring? _____

_____

_____

_____

In the event of a fight or disagreement, provide the following information.

Role of Person	Name	Age	M/F	Address	Telephone
_____	_____	____	____	_____	_____
_____	_____	____	____	_____	_____
_____	_____	____	____	_____	_____
_____	_____	____	____	_____	_____

*Role of Person: the instigator, victim, witness, parent, etc. If the instigator is under 18 years of age, you must list a guardian name & phone.

Name of Staff	Duty Performed
_____	_____
_____	_____

Report written by: _____Position _____ Date _____

Report written by: _____Position _____ Date _____

This form <u>must</u> be submitted to the City of Redding Recreation Division <u>within 24 hours</u> of incident occurrence.