

CUBA CIRCULATING LIBRARY INCIDENT REPORT

Date _____

Time of incident _____

Place of incident _____

Name of person involved _____

Street _____

City _____ State _____ ZIP _____

Telephone (Home) _____ (Business) _____

Witnesses:

Name _____

Street _____

City _____ State _____ ZIP _____

Telephone (Home) _____ (Business) _____

Witnesses:

Name _____

Street _____

City _____ State _____ ZIP _____

Telephone (Home) _____ (Business) _____

Detailed description of incident: _____

Action taken by staff: _____

Report submitted by: _____

The statements on this report are true to the best of my knowledge: _____

(signature of person involved)

Keep one copy. Send second copy to insurance agent.

Approved by the Cuba Circulating Library Board of Trustees September 10, 2007