

Morrisville Public Library
83 East Main Street
Morrisville NY

Incident Report

Date _____ Time _____

Place of Incident _____

Name of person(s) involved in incident _____

Was this a person Staff _____ Volunteer _____ Patron _____ Other _____

Name and Title of supervisor at the time of incident _____

Name(s) of witness _____

Description of incident _____

Was incident a result of illness _____ or accident _____?

Was medical treatment received? _____

The above description is an accurate representation of the occurrence of injury.

Signatures:

Injured Party _____ Date _____

Witness(es) _____ Date _____

Supervisor _____ Date _____