

Incident or Problem Report

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Facility \_\_\_\_\_ Date \_\_\_\_\_

Location \_\_\_\_\_ Time \_\_\_\_\_ AM PM

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Names/numbers of patrons involved

Age

- |    |       |       |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

Brief Statement of Problem or incident:

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Action taken:

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Was director notified Yes\_\_\_ No\_\_\_

Was parent called Yes\_\_\_ No\_\_\_

Was parent present Yes\_\_\_ No\_\_\_

Was ambulance called Yes\_\_\_ No\_\_\_

Were police called Yes\_\_\_ No\_\_\_

Were there witnesses Yes\_\_\_ No\_\_\_

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Signature

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Date

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*Make one copy, turn in to manager/supervisor within 24 hours after incident or problem.*