



**INCIDENT REPORT**

**Individual Reporting Details:**

*Note: All parts of this form must be completed, or report will not be received.*

\*Name of Person Reporting: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

Postal Code

\*Phone Number (day): \_\_\_\_\_ (evening): \_\_\_\_\_

\*Email Address: \_\_\_\_\_

**Incident Information:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

*(note: incidents have a better chance of resolution if notification has been received within 24 hours)*

Location of Incident: \_\_\_\_\_

**Participant(s)/Patron(s) Involved:**

(a) Complainant

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

(b) Respondent

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Organization/Association Contact Information (if applicable):**

Organization/Association Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Category** (please check all that apply)

Verbal assault

Threats/aggression

Physical assault/harm

Use of alcohol/drugs

Vandalism

Theft

Harassment

Other please specify in detail)

**Describe in Detail What Happened:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





### INCIDENT REPORT

**Other Relevant Information:**

This could include such information as sporting/group association name (i.e. / soccer, hockey), team name, team number/colour, location of event etc.

\_\_\_\_\_  
\_\_\_\_\_  
=====

**Was Anyone Else Made Aware Of The Incident?**                      Yes              No

If yes, who else was contacted?

Police                      *Name of Officer* \_\_\_\_\_ *Occurrence Number* \_\_\_\_\_  
Ambulance                      Fire Department                      Parents  
City Staff                      *Name:* \_\_\_\_\_ *Position:* \_\_\_\_\_  
Organization/Association                      *Name of person contacted:* \_\_\_\_\_  
Other \_\_\_\_\_

=====

**For Office Use Only:**

**Action Taken (please check):**

Letter of Warning                      Date: \_\_\_\_\_  
Letter of Trespass                      Date: \_\_\_\_\_  
Probation                      Date: \_\_\_\_\_  
Suspension                      Date: \_\_\_\_\_  
Ban                      Date: \_\_\_\_\_

**Appeal:**                      Yes                      No                      Date: \_\_\_\_\_

Outcome: \_\_\_\_\_

**File Closed:**                      **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Completed forms should be mailed to RZone, Community Services, 255 Christina Street North, PO Box 3018, Sarnia ON, N7T 7N2.**

Personal information on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001, c. 25 and will be used for the purpose of program registration, payment, aggregate statistical reporting, and allocation of staff and resources. This information will also be used for the promotion of programs or activities so that we can provide you with exceptional customer service. Questions about this collection may be directed to: Community Services - Parks & Recreation, parksandrecreation@sarnia.ca.

