



Daniel Pierce Library

Incident Report Form

To be filled out by injured party and Daniel Pierce Library staff.

Date of incident: _____ Time of incident: _____

Location (please be specific): _____

Name of person(s) involved: _____

Address: _____

Phone/Cell Phone: _____ Email: _____

Incident Type

Patron Incident Illness Library Evacuation
 Injury Vandalism Other

Description of incident: (use back if need more space) _____

Witness(es) Name & Contact Info: _____

Police or Emergencies Contacted: _____

Officer Name & Number): _____ Police Report # _____

Action taken by staff: _____

Follow up required: _____

Injured Party Signature: _____

Staff Member Name: _____ Staff Signature: _____

Approved: May 20, 2026