

RZone Incident Report Form

Individual Reporting Details

Name: _____ Department: _____

Position: _____ Date Incident Occurred: _____

Incident Information

Date: _____ Time: _____

Incident Location: _____

Incident Information: _____

Participant(s) Involved

a) Complainant Name: _____ Phone: _____

Street Address: _____ City: _____

Postal Code: _____ Email: _____

b) Respondent Name: _____ Phone: _____

Street Address: _____ City: _____

Postal Code: _____ Email: _____

Category *Please check all that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> Verbal Assault | <input type="checkbox"/> Use of Drugs or Alcohol | <input type="checkbox"/> Vandalism |
| <input type="checkbox"/> Possession of Weapon | <input type="checkbox"/> Physical Assault or Harm | <input type="checkbox"/> Theft of Property |
| <input type="checkbox"/> Threats | <input type="checkbox"/> Harassment or Bullying | <input type="checkbox"/> Other, explain below |

Other: _____

Describe in detail what happened: _____

Other relevant information: _____

Who else was made aware of the incident?

If there are more individuals involved, please attach extra pages.

Name: _____ Phone: _____

Address: _____ Town/City: _____

Postal Code: _____ Email: _____

If another individual was made aware of the incident, how were they informed?

In-person Telephone Email

Other (explain) _____

Date the individual was informed (day/month/year): _____

Please identify if another individual witnessed the incident

If there are more individuals who witnessed the incident, please attach extra pages.

Name: _____ Phone: _____

Address: _____ Town/City: _____

Postal Code: _____ Email: _____

Date File Closed: _____ Position: _____

Name: _____ Signature: _____

For Internal Use Only:

Action Taken

Investigation Date: _____ Verbal Warning Date: _____

Written Warning Date: _____ Letter of Trespass Date: _____

Appeal: NO YES Date: _____

Outcome: _____

Personal information on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of aggregate statistical reporting, to improve programs and customer service. Questions about this collection may be directed to the Chief Administrative Officer, Town of St. Marys, 175 Queen Street, East, St. Marys, N4X 1B6.