

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

- Verbal Assault, Use of Drugs or Alcohol, Vandalism, Possession of Weapon, Physical Assault or Harm, Theft of Property, Threats, Harassment or Bullying, 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...