

WLBC Incident Report

Name _____ Date/Time _____

Incident Location

Please Select ▾

Type of Incident (please check off the appropriate description)

- Verbal Conflict
- Physical Confrontation
- Equipment (stolen/lost)
- Equipment (incident during use of)
- Slip/Fall

Description of the Incident (write your description in the textbox below)

- **Be brief** - start with a basic summary statement, then list in chronological point form the facts that occurred.
- **Be factual** - focus on what you saw or heard, no conjecture or judgement

Names of Witnesses: these people can and will be contacted for further discussion by the WLBC Board

Name of Witness _____

Name of Witness _____

Name of Witness _____

Name of Witness _____

Name of Witness _____