

Incident Report (this form is not to be used to report an employee accident or injury)

Date & Time of this Report: _____ Date & Time of Incident: _____

Name of person completing this form: _____

Address: _____
_____ Phone number: _____

Location of incident: _____

List all persons involved as well as physical descriptions: _____

DESCRIPTION OF INCIDENT (continue on reverse side if needed):

Injuries: _____

Property damage (include photos when possible): _____

Was it necessary to contact the Police/Fire Department/Emergency Services? YES NO

If YES, what time were they called? _____ What time did they arrive? _____

List the contact information of all those who responded (Name, Title, Department, Badge #, Phone #):

DESCRIPTION of INCIDENT: (con't)

Was the Director in at the time of the incident? YES NO
If No, was s/he contacted immediately? YES NO If No, why not? _____

EMERGENCY CONTACT INFORMATION:

LOCATION	POLICE	FIRE/AMBULANCE
CATSKILL	(518) 943-2244	(518) 943-2520
PALENVILLE	911	(518) 678-3311

NY STATE POLICE: 518-622-8600

GREENE COUNTY SHERIFF: 518-943-3300

If you suspect this is a potential child abuse incident, Call Greene County Child Protective Services at (518) 719-3700.

Director Signature: _____ Date: _____

Resolution: Adopted on March 22, 2023 by unanimous vote of the Board of Trustees of the Catskill Public Library.