

Effective Date: March 2004

Incident Report Policy

All accidents or incidents involving patrons or staff during working hours or while on Seymour Library premises, and all other accidents in which the Library or its property are involved directly or indirectly, are to be reported immediately to the Director or person-in-charge and the Library Board President.

Incident Report Procedure

- When an incident occurs at the Seymour Library, staff will fill out the Seymour Library Incident Report Form and bring it to the attention of the Library Director.
- The Library Director shall place the Incident Report Form in the Incident Report Binder.
- All incidents shall be brought to the attention of the Seymour Library Board President.
- Sample of incidents:
 - Anything of a sexual nature
 - Theft of anyone's belongings
 - Assault, if anyone hits someone else
 - Unreasonable, irrational or argumentative behavior
 - Destruction of Library property
 - Anything else that you feel is of a criminal nature
 - Display of any weapon such as a gun or knife
 - Fainting
 - Excessive bleeding
 - Appearance of heart attack or stroke
 - Choking
 - Falls/slips
 - Severe injuries
- Unsafe conditions are to be reported immediately to the Director or person-in-charge.
- A First Aid Kit is available at the Circulation Desk.
- Using their discretion, the Library Director or person-in-charge may call 911.
- Call 911 even if the patron does not want you to. Request a police report from the reporting officer.

Adopted: February 2004

Revised: October 2016, March 2009

Reviewed:

Incident Report Form

Date: _____ Time: _____

Person(s) Involved in Incident & Contact Info: _____

Witness(es) & Contact Info (if Applicable): _____

Report Incident Type:

- | | |
|---|---|
| <input type="checkbox"/> Theft | <input type="checkbox"/> Alarm Problem |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Vandalism |
| <input type="checkbox"/> Illness/Injury | <input type="checkbox"/> Problem Patron |
| <input type="checkbox"/> Assault | <input type="checkbox"/> Other _____ |

Brief Description of Incident:

Follow-up Action:

Library Notes:

Officer Name & Number (if Called): _____ Police Report ("The Zero 4"-04) #: _____

Staff Reporting Incident: _____ Date Director Notified: _____