

Policy #800-1 Adopted Date: February 204 Revised Date: July 2022, October 2016, March 2009

## **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 immediately inform 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:
  - Any inappropriate sexual behavior
  - o Theft
  - o Assault
  - o Unreasonable, irrational, or argumentative behavior
  - Destruction of Library property
  - Any criminal act
  - o Display of any weapon
  - Medical Emergencies
  - Falls/slips
- Unsafe conditions are to be reported immediately to the Director or person-in-charge.
- A First Aid Kit and AED is available at the Circulation Desk.
- The Library Director or person-in-charge may call 911.
- Request a police report from the reporting officer if 911 is called.

## **Incident Report Form**

| Date:  |  | Time: |  |  |
|--|--|-------|--|--|
| Person(s) Involved in Incident & Contact Info: |  |       |  |  |
| Witn   | Witness(es) & Contact Info (if Applicable):  |       |  |  |
| Repo   | ort Incident Type:   |       |  |  |
|  | Inappropriate Sexual Behavior<br>Assault<br>Argumentative Behavior<br>Criminal Acts<br>Medical Emergencies |       | Theft<br>Falls/Slips<br>Destruction of Library Property<br>Other |  |
| Desc   | ription of Incident:   |       |  |  |
|  |  |       |  |  |
|  |  |       |  |  |
|  |  |       |  |  |
|  |  |       |  |  |
| Follo  | w-up Action:   |       |  |  |
| Note   | :S:  |       |  |  |
|  |  |       |  |  |
|  | er Name & Number (if Called):  |       |  |  |
| Staff  | Reporting Incident:  |       | Date Director Notified:  |  |
|  | oted Date: February 204<br>sed Date: July 2022, October 2016, March 200                                    | 9     |  |  |