

**Madison County Library System  
Incident Documentation Form**

**LOCATION** \_\_\_\_\_ **DATE** \_\_\_\_\_ **TIME** \_\_\_\_\_

**PERSON(S) INVOLVED** (Indicate if the person is an employee, patron, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

**ADDRESS (If Known)** \_\_\_\_\_

**TELEPHONE #** \_\_\_\_\_

**DESCRIPTION OF INCIDENT (Be Specific)** *attach sheet or use back as necessary*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**POLICE INCIDENT# (If Filed)** \_\_\_\_\_

**ACTION(S) TAKEN (By Staff and/or Police)** *attach sheet or use back as necessary*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAMES AND ADDRESSES OF OTHERS INVOLVED (Staff, Patrons, Witnesses)**  
*attach sheet or use back as needed*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF EMPLOYEE COMPLETING FORM** \_\_\_\_\_  
**DATE** \_\_\_\_\_

**SIGNATURE OF BRANCH MANAGER** \_\_\_\_\_  
**DATE** \_\_\_\_\_

**SIGNATURE OF DIRECTOR** \_\_\_\_\_  
**DATE** \_\_\_\_\_