

Madison County Public Library
Accident – Emergency – Incident Report

Please complete this report for any accidents, injuries, emergencies, conflicts or other incidents out of the ordinary involving customers or staff. Please provide as much detail about the occurrence as possible. Please forward the report to your immediate supervisor and the Director.

Reported by:

Date, Time and Place of Occurrence:

Staff Members Present or Involved:

Library Customers Present or Involved (please include name, address, and phone number if possible):

Please describe the incident in detail, including an account of what happened, extent of injury (if any), cause of occurrence, and any contributing factors (use a separate sheet of paper if necessary):

Please indicate the following:

Was medical treatment necessary? Yes No

If yes, please list the name, address, and phone number of the doctor and/or hospital:

Were officials (police, fire, EMT) contacted? Yes No

Please attach any necessary security footage recording to this form.

Signature of reporter and date signed:

Director's signature and date signed:
