



## CITIZEN INCIDENT REPORT

Use this form if incident involves a citizen and occurred at a City facility, function, or event.

### INCIDENT DETAILS

1. Date of Incident: \_\_\_\_\_ 2. Time of Incident: \_\_\_\_\_

3. Location of Incident (Building & Specific Area): \_\_\_\_\_

4. Department/Division Experiencing Incident: \_\_\_\_\_

5. Was this related to a City-hosted event? If so, Please Name Event: \_\_\_\_\_

### CITIZEN/INJURED PARTY INFORMATION

6. Name: \_\_\_\_\_ 7. Phone Number: \_\_\_\_\_

8. Address: \_\_\_\_\_ 9. City/State/Zip: \_\_\_\_\_

10. Parent Name (if injured is a minor): \_\_\_\_\_

### INCIDENT DESCRIPTION

11. Incident Description (Describe, in detail the events before, during and after the incident):  
\_\_\_\_\_

12. Were the authorities notified? Yes    No    If yes, Police    Fire    Ambulance    Rescue

13. Was First Aid Administered? Yes    No    If yes, by whom?

14. Was the injured party transported to the hospital? Yes    No    If yes, by whom?

15. Extent of Injuries (Provide detail on what and how the citizen was injured)  
\_\_\_\_\_

### WITNESS & SIGNATURES

Witness 1:	Name: _____	Phone: _____
	Address/City/State: _____	Relation to Injured Party: _____
Witness 2:	Name: _____	Phone: _____
	Address/City/State: _____	Relation to Injured Party: _____

Employee Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_

Manager/Supervisor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Submit this form to Human Resources within 24 hours. This form is utilized as a potential claim against the city. If a citizen wants to file a claim against the city, please direct them to the city website, or contact human resources.

**SUBMIT**