

RANDOLPH TOWNSHIP  
PARKS, RECREATION, AND COMMUNITY SERVICES

INCIDENT REPORT FORM

DATE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

ACTIVITY TAKING PLACE WHEN INCIDENT OCCURRED:

\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE THE INCIDENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE THE ACTION TAKEN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAMES OF PERSON INVOLVED:

\_\_\_\_\_  
\_\_\_\_\_

WERE SCHOOL/FACILITY STAFF INFORMED OF THE INCIDENT?

YES \_\_\_ NO \_\_\_

IF YES, WHAT ACTION WAS TAKEN BY THE SCHOOL/FACILITY STAFF?

\_\_\_\_\_  
\_\_\_\_\_

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(continue on back if needed)

REPORT PREPARED BY: \_\_\_\_\_

NAME

\_\_\_\_\_  
POSITION