

## REPORT OF INCIDENT

- IN AN EMERGENCY CALL 1-1234 OR 215-204-1234 Temple Campus Police
- If this incident involves injury to Library staff or student assistant, a Worker's Compensation form needs to be filled out also.

**Type of Incident:**       Accident/Injury                       Disruptive Behavior                       Harassment  
 Medical Emergency                       Vandalism                       Theft/Attempted Theft of Materials  
 Fire or Door Alarm                       Building/Maintenance Issue (describe) \_\_\_\_\_  
 Other (describe): \_\_\_\_\_

Staff Member Completing this Form (print full name): \_\_\_\_\_

\_\_\_\_\_  
**DATE AND TIME OF INCIDENT**

\_\_\_\_\_  
**EXACT LOCATION OF INCIDENT**

**Person Reporting Incident:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Affiliation:  TU Student     TU Faculty or Staff     Visitor

Library Student Assistant     Library Staff

**DESCRIBE THE INCIDENT/PROBLEM IN DETAIL** Include names of all persons involved or witnessing and other details. Be as specific as possible. Use other side of sheet if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If Applicable, Describe Suspect(s)	ACTION(S) TAKEN (check all that apply)
	<input type="checkbox"/> Campus Police called x1-1234 Police report # _____ <input type="checkbox"/> Restrooms searched <input type="checkbox"/> Staff injury forms done <input type="checkbox"/> Visitor injury referred to Temple Risk Management <input type="checkbox"/> Dean or AUL present <input type="checkbox"/> Facilities repairs notified (1-1385) <input type="checkbox"/> Other – explain

**Send original to**       Steven Bell, Assoc. University Librarian  
**and copies to:**       Supervisor  
                                   Circulation                       Reference                       Media

Form revised 8/13/2012

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