



COMMUNITY SERVICES INCIDENT REPORT

Facility: _____ Date: _____ Time: _____ am/pm
 Report Prepared By: _____ Signature: _____

TYPE OF INCIDENT

Public/Customer Complaint Missing Person Vandalism
 Accidental Damage Lost Item Theft
 Child Management Injury Other

Details of any public participants involved:

Name	Address	Telephone	Age	Sex

Describe briefly and factually what happened. Do not provide assumptions. _____

(If a diagram would help describe what occurred, please attach.)

Did the incident create a dangerous condition? i.e. broken glass on playground, live wires exposed etc. Yes No

If a dangerous condition was created, what was done about it? _____

→



Which, if any, Emergency Services were involved?
 Police Fire Department Ambulance Warden Service

Official's Name: _____

Badge/ID #: _____ Occurrence File #: _____

Other Follow-up Action Taken

Parent/Guardian Contacted: Yes or No Date: _____ Time: _____ am/pm

Name of Parent/Guardian: _____

Home Phone: _____ Work Phone: _____

Community Services Director/Manager Contacted: Yes No

If yes, when? Date: _____ Time: _____ am/pm

Witness: _____ Phone Number: _____

Were representatives from the Media present? Yes or No

Media Company	Reporter's Name
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This form must be submitted to a senior member of Community Services on the next workday.

Reviewed By:

Community Services Director (or designate) _____

Date: _____ Time: _____

This personal information is being collected under the authority of the Municipal Government Act for the purpose of recording any incidents and/or injuries while attending the facilities listed above. It is protected under the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the Town of Banff, P.O. Box 1260, Banff AB, T0L 0C0, 403-762-1251



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