

**APPENDIX C  
INCIDENT WITNESS STATEMENT**

**POLICY 1059**

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Name of Library: \_\_\_\_\_

Date of the Incident: \_\_\_\_\_  
d/m/y

Address of the Library: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time of the Incident: \_\_\_\_\_

Date Reported: \_\_\_\_\_

Time Reported: \_\_\_\_\_

Witness name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Email address (optional): \_\_\_\_\_

Employee(s) involved: \_\_\_\_\_

Patron(s) involved: \_\_\_\_\_

**Factual description of Incident**

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

**Signatures:**

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed by Library Employee in Charge: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed by Regional Director: \_\_\_\_\_

Date: \_\_\_\_\_