



RZone Incident Report Form

Individual Reporting Details

Name: _____ Department: _____
Position: _____ Date Incident Occurred: _____

Incident Information

Date: _____ Time: _____
Incident Location: _____
Incident Information: _____

Participant(s) Involved

a) Complainant Name: _____ Phone: _____
Street Address: _____ City: _____
Postal Code: _____ Email: _____
b) Respondent Name: _____ Phone: _____
Street Address: _____ City: _____
Postal Code: _____ Email: _____

Category *Please check all that apply

- Verbal Assault
- Use of Drugs or Alcohol
- Vandalism
- Possession of Weapon
- Physical Assault or Harm
- Theft of Property
- Threats
- Harassment or Bullying
- Other, explain below

Other: _____

Describe in detail what happened: _____

Other relevant information: _____



Who else was made aware of the incident?

If there are more individuals involved, please attach extra pages.

Name: _____ Phone: _____

Address: _____ Town/City: _____

Postal Code: _____ Email: _____

If another individual was made aware of the incident, how were they informed?

In-person Telephone Email

Other (explain) _____

Date the individual was informed (day/month/year): _____

Please identify if another individual witnessed the incident

If there are more individuals who witnessed the incident, please attach extra pages.

Name: _____ Phone: _____

Address: _____ Town/City: _____

Postal Code: _____ Email: _____

Date File Closed: _____ Position: _____

Name: _____ Signature: _____

For Internal Use Only:

Action Taken

Investigation Date: _____ Verbal Warning Date: _____

Written Warning Date: _____ Letter of Trespass Date: _____

Appeal: NO YES Date: _____

Outcome: _____

Personal information on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of aggregate statistical reporting, to improve programs and customer service. Questions about this collection can be directed to the Parks and Recreation Department, 263 Main Street, Lucan, Ontario, N0M 2J0.