



# LIABILITY INCIDENT REPORT

Community \_\_\_\_\_ Reported by \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Incident Date \_\_\_\_\_ Time \_\_\_\_\_ AM/PM Date reported \_\_\_\_\_

Location of Incident \_\_\_\_\_

**INCIDENT DETAILS (Provide a brief description summarizing your findings)**

What Happened? \_\_\_\_\_

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Conditions at the time if the incident (anything that may have had an impact on the incident)

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Was there a possible error on the part of a community employee? – Please Describe

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**Please complete reverse side**

**LOSS PREVENTION**

Could this incident have been prevented? Y  N

If you answered yes, please describe how

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Was any corrective action taken? Y  N

If you answered yes, please describe what it was

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If you answered no, please advise if you are working on a solution

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Were there any witnesses to the incident? Y  N

Witness \_\_\_\_\_ Phone \_\_\_\_\_

Witness \_\_\_\_\_ Phone \_\_\_\_\_

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