



RZONE/ INCIDENT REPORT FORM

Individual Reporting Details:

Note: All parts of this form must be completed or report will not be received.

*Name of Person Reporting _____

*Mailing Address _____

Postal Code

*Phone Number (day) _____ (evening) _____

*Email Address _____

Incident Information:

Date: _____ Time: _____

(note: incidents have a better chance of resolution if notification has been received within 24 hours)

Location of Incident: _____

Participant(s)/Patron(s) Involved:

Name: _____

Address _____ Postal Code _____

Phone _____

If there are more participants involved please attach extra pages.

Organization/Association Contact Information (if applicable):

Organization/Association Name: _____

Contact Name: _____

Phone Number: _____

E-mail Address: _____

Category (please check all that apply)

Verbal assault

Vandalism

Threats/aggression

Theft

Physical assault/harm

Harassment

Use of alcohol/drugs

Other please specify in detail)

Describe In Detail What Happened:



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Other Relevant Information:

This could include such information as sporting/group association name (i.e. / soccer, hockey), team name, team number/colour, location of event etc.

Was Anyone Else Made Aware Of The Incident? ___ Yes ___ No

If yes, who else was contacted?

___ Police *Name of Officer* _____ *Occurrence Number* _____
___ Ambulance ___ Fire Department ___ Parents
___ Town Staff *Name:* _____ *Position:* _____
___ Organization/Association *Name of person contacted:* _____
___ Other _____

For Office Use Only:

Action Taken (please check):

Letter of Warning ___ Date: _____
Letter of Trespass ___ Date: _____
Probation ___ Date: _____
Suspension ___ Date: _____
Ban ___ Date: _____

Appeal: ___ Yes ___ No Date: _____

Outcome: _____

File Closed: ___ **Date:** _____

Name: _____ **Position:** _____

Signature: _____

Completed forms should be mailed to RZone, Community and Social Services, 1 Carden St. Guelph N1H 3A1 or Fax - 519-763-9240

Personal information on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001, c. 25 and will be used for the purpose of program registration, payment, aggregate statistical reporting, and allocation of staff and resources. This information will also be used for the promotion of programs or activities so that we can provide you with exceptional customer service. Questions about this collection may be directed to: Community Services 519-837-5618.