



# INCIDENT REPORT

Date incident occurred: \_\_\_\_\_ Sheriff Report #: (if applicable) \_\_\_\_\_

Time incident occurred: \_\_\_\_\_

Check the box where the incident occurred:

**Recreation Center:**

- Bell
- Fairway
- Grand
- Lakeview
- Marinette
- Mountain View
- Oakmont
- Sundial

**Golf Course:**

- Lakes East
- Lakes West
- North
- Riverview
- South
- Quail Run
- Willowbrook
- Willowcreek

**Bowling Centers:**

- Bell
- Lakeview
- Duffeeland Dog Park
- Sun Bowl
- Other

\*\*\*Describe exact location of incident: \_\_\_\_\_

**Check all that apply:**

- Called 911
- Refused 911
- AED used CPR/Compressions Given
- Transported by ambulance
- Refused medical treatment
- Returned to previous activity

**Check which describes the event most accurately:**

- RCSC Property Damage, theft, accident
- Cardholder complaint about another RCSC Cardholder or Guest
- Cardholder complaint about an RCSC employee
- Other RCSC Issue (RCSC Policy Violation): \_\_\_\_\_

**Describe the situation in detail using FACTS ONLY (no opinions or assumptions):**

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**Who is this about:**

Cardholder     Guest     Employee

Name: \_\_\_\_\_

Card #: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Witness:**

Name: \_\_\_\_\_

Card #: \_\_\_\_\_    Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Card #: \_\_\_\_\_    Phone #: \_\_\_\_\_

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RCSC On-site Personnel Notified

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

How Notified?     Phone     Left Voice Mail     In Person

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**This section to be completed by the individual who completed the report:**

This is about me, OR

I witnessed the incident, OR

Information was provided to me, OR

I discovered the incident had already occurred (I.e. property damage, break-in, etc.)

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**RCSC Cardholders: I am willing to provide additional information at a RCSC hearing if required:**

Signature: \_\_\_\_\_

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

RCSC Card #/Employee #: \_\_\_\_\_

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

Address (Street/Zip/State): \_\_\_\_\_

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**RCSC PERSONNEL ONLY - SUPERVISOR NOTIFICATION**

RCSC Supervisor Notified

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

How Notified?     Phone     Left Voice Mail     In Person

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**RCSC Personnel ONLY:**

Photos (if needed)

Property inspected

Insurance Contacted:

HR Notified: Y/N

Notes: