



INCIDENT REPORT

Date incident occurred: _____

Sheriff Report #: (if applicable) _____

Time incident occurred: _____

- 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, burglary, etc.)

Who is this about:

Witness:

- Cardholder Guest Employee

Name: _____

Name: _____

Card #: _____ Phone #: _____

Card #: _____

Name: _____

Phone #: _____

Card #: _____ Phone #: _____

Check the box where the incident occurred:

Recreation Center:

Golf Course:

Bowling Centers:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Bell | <input type="checkbox"/> Lakes East |
| <input type="checkbox"/> Fairway | <input type="checkbox"/> Lakes West |
| <input type="checkbox"/> Grand | <input type="checkbox"/> North |
| <input type="checkbox"/> Lakeview | <input type="checkbox"/> Riverview |
| <input type="checkbox"/> Marinette | <input type="checkbox"/> South |
| <input type="checkbox"/> Mountain View | <input type="checkbox"/> Quail Run |
| <input type="checkbox"/> Oakmont | <input type="checkbox"/> Willowbrook |
| <input type="checkbox"/> Sundial | <input type="checkbox"/> Willowcreek |

- Bell
- Lakeview

Other Property:

- Duffeeland Dog Park
- Sun Bowl
- Other

***Describe exact location of incident: _____

Check which describes the event most accurately:

- RCSC Property Damage, theft, burglary, trespass, vehicle accident
- Cardholder complaint about another RCSC Cardholder or Guest
- Cardholder complaint about an RCSC employee
- Cardholder Slip, Trip, Fall, Medical

Check all that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Called 911 | <input type="checkbox"/> Refused 911 | <input type="checkbox"/> AED used CPR/Compressions Given |
| <input type="checkbox"/> Transported by ambulance | <input type="checkbox"/> Refused medical treatment | |
| | <input type="checkbox"/> Returned to previous activity | |

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

The person completing the report must be the person that signs the report.

Print Name: _____

Signature: _____

Date: _____

RCSC Card #/Employee #: _____

Phone: _____

Address (Street/Zip/State): _____

(RCSC Employees Not Required to Complete Address Section)

RCSC PERSONNEL ONLY - SUPERVISOR NOTIFICATION

RCSC Supervisor Notified

Name: _____ Date: _____

Time: _____

How Notified?*

Phone Left Voice Mail

In Person

***NO TEXT NOTIFICATIONS**

RCSC EMPLOYEES ONLY:

Photos Emailed

Insurance Contacted:

Property Inspected

HR Notified: Y/N

Work Order Initiated

Notes