



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:

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

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

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

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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