

**CITY OF DENTON PARKS AND RECREATION
INCIDENT REPORT**

Date: _____

Time: _____

Location: _____

Name of patron: _____ Age: _____

Address: _____ Phone: _____

Description of incident: _____

Action taken: _____

Employees involved: _____

Name

Position

Name

Position

Witnesses to incident: _____

Name

Address

Phone #

Name

Address

Phone #

Comments: _____

Report filed by: _____

Name

Title

Signature of person involved: _____ Date: _____

(or parent/guardian if minor)

Retain yellow copy for Supervisor and send original to LS Superintendent within 24 hours.

Notify the LS Superintendent immediately if EMS or police are called.

Reviewed by Supervisor: _____

