

## RZone Incident Report Form

### Individual Reporting Details

Name: \_\_\_\_\_ Department: \_\_\_\_\_  
Position: \_\_\_\_\_ Date Incident Occurred: \_\_\_\_\_

### Incident Information

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Incident Location: \_\_\_\_\_  
Incident Information: \_\_\_\_\_  
\_\_\_\_\_

### Participant(s) Involved

a) Complainant Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_  
b) Respondent Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

### Category \*Please check all that apply

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Verbal Assault       | <input type="checkbox"/> Use of Drugs or Alcohol  | <input type="checkbox"/> Vandalism            |
| <input type="checkbox"/> Possession of Weapon | <input type="checkbox"/> Physical Assault or Harm | <input type="checkbox"/> Theft of Property    |
| <input type="checkbox"/> Threats              | <input type="checkbox"/> Harassment or Bullying   | <input type="checkbox"/> Other, explain below |

Other: \_\_\_\_\_

Describe in detail what happened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other relevant information: \_\_\_\_\_  
\_\_\_\_\_

## Who else was made aware of the incident?

If there are more individuals involved, please attach extra pages.

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

Address: \_\_\_\_\_ Town/City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

If another individual was made aware of the incident, how were they informed?

In-person       Telephone       Email

Other (explain) \_\_\_\_\_

Date the individual was informed (day/month/year): \_\_\_\_\_

## Please identify if another individual witnessed the incident

If there are more individuals who witnessed the incident, please attach extra pages.

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

Address: \_\_\_\_\_ Town/City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Date File Closed: \_\_\_\_\_ Position: \_\_\_\_\_

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

## For Internal Use Only:

Action Taken

Investigation Date: \_\_\_\_\_  Verbal Warning Date: \_\_\_\_\_

Written Warning Date: \_\_\_\_\_  Letter of Trespass Date: \_\_\_\_\_

Appeal:  NO  YES Date: \_\_\_\_\_

Outcome: \_\_\_\_\_

Personal information on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of aggregate statistical reporting, to improve programs and customer service. Questions about this collection can be directed to the Parks and Recreation Department, 8348 Wellington Road 124, Rockwood Ontario, N0B 2K0.