

WATERLOO LEISURE SERVICES

INCIDENT REPORT

Date of Incident: _____ Time: _____ Location: _____

Name(s) of Person(s) Involved:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Describe incident in detail: _____

Witnesses:

Name: _____ Address: _____

Name: _____ Address: _____

Did an employee witness the incident? _____ Name: _____

Action Taken: _____

Comments: _____

*****To be completed and submitted to
Waterloo Leisures Services within
24 hours of incident. *****

Signature of Person on Duty

Signature of Immediate Supervisor