



City of Santa Clarita Incident Report

Resident/Patron

Staff

Report taken by : _____ Job Title: _____ Division: _____

Name of Person(s) Involved: _____

Date of Incident: ____/____/____ Time of Incident: _____ a.m./p.m.

Location: _____

Phone Number: () _____

Minor (under 18 years of age): YES NO

Name of Parent/Guardian (if under 18 years old): _____

Reported to Supervisor (Name/Title): _____

Detailed Description of Incident (Include Injuries/Damages)

Witness(es)

Name	Phone Number	Comments

Action Taken

First Aid Given: _____ Administered by: _____

Medical Attention: No Yes

Method of transportation: Ambulance Private Vehicle Other _____

Sheriff - Police Report#: _____

Refused Attention (Signature of injured, or parent/guardian required)

Signature: _____ Print Name: _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Division Manager Signature: _____ Date: _____

Department Director Signature: _____ Date: _____

*** SEND ORIGINAL TO RISK MANAGEMENT ***

For Risk Use Only:

Reviewed by Risk: _____

Provided to HR: YES NO