



RZONE INCIDENT REPORT

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Individual Reporting Details:

Name of Person Reporting _____

Department _____

Position _____ extension _____

Date incident was reported _____

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Incident Information:

Date _____ Time _____

Incident Information _____

Location of Incident _____

=====

Participant(s) Involved:

(a) Complainant

Name _____

Address _____ Postal Code _____

Phone _____

(b) Respondent

Name _____

Address _____ Postal Code _____

Phone _____

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

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Category (please check all that apply)

Verbal assault

Possession of Weapons

Threats

Use of alcohol or drugs

Physical assault/harm

Harassment

Vandalism

Other (please specify in detail)

Theft of property

Other _____

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Describe in detail what happened:

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Other relevant information:

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Who else was made aware of the incident?

Name _____
Address _____ Postal Code _____
Phone _____

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

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

- In-person
- Phone
- Email
- Other (please specify in detail)

Other _____
Date the individual was informed: _____

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Please identify if another individual witnessed the incident.

Name _____
Address _____ Postal Code _____
Phone _____

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

For Office Use Only:

Action Taken (please check):

Verbal Warning Date: _____

Letter of Warning Date: _____

Letter of Trespass Date: _____

Appeal: No Yes Date: _____

Outcome: _____

File Closed: _____ **Date:** _____

Name: _____ **Position:** _____

Signature: _____

Personal information on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001, c. 25 and will be used for the purpose of aggregate statistical reporting, and allocation of staff and resources. This information will also be used for the promotion of programs or activities so that we can provide good customer service. Questions about this collection may be directed to the Municipal Clerk at 519-666-0190 or by mail at; 10227 Ilderton Road, RR#2, Ilderton, Ontario, N0M 2A0.

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