

CITY OF SIGNAL HILL
Department of Community Services

INCIDENT NOTIFICATION REPORT

This report is to be completed immediately following the occurrence of any incident at a City facility or program. The report must also be submitted to the Community Services Department by the next working day. Immediate notification of the immediate Supervisor is also required in the event of a major incident or when the Police Department, Public Works, or Fire Department/Paramedics are notified. When injuries occur, please complete an accident

TYPE OF INCIDENT

☐ Disrespect/defiance of adult
☐ Teasing/fighting/assaulting
☐ Inappropriate language
☐ Throwing Items
☐ Interfering with game
☐ Misuse of equipment
☐ Misuse of restrooms
☐ Facility break-in
☐ Theft
☐ Vandalism
☐ Other: _____
(please be specific)

FACILITY: _____
Exact location on facility: _____
Date of Incident: _____ Time of incident: _____ AM/PM
Date report was taken: _____ Report taken by: _____
SHPD called? ☐ YES ☐ NO By whom? _____
Officer: _____ Report # : _____

INCIDENT INFORMATION

What led up to the incident?

Specific description of incident:

What action was taken/how was incident resolved?

Property description: _____

Damage to City property? ☐ YES ☐ NO Repairs needed? ☐ Yes, immediately ☐ Yes, not immediately ☐ None Needed

Specify repairs (also attach work request)

Name of victim (if any) _____ Age: _____ Phone: () _____

Address: _____ City and Zip: _____

WITNESS INFORMATION

1. _____ Age: _____ Phone: () _____

Address: _____ City and Zip: _____

2. _____ Age: _____ Phone: () _____

Address: _____ City and Zip: _____

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SUSPECT(S) INFORMATION

1. _____ Age: _____ Phone: () _____

Address: _____ City and Zip: _____

2. _____ Age: _____ Phone: () _____

Address: _____ City and Zip: _____

Other information (description/distinguishing characteristics) of suspect(s):

NOTIFICATION INFORMATION

What authorities were notified? (Check all notified and indicate time of call).

☐ Police Department _____ AM/PM

☐ Fire Department _____ AM/PM

☐ Public Works _____ AM/PM

☐ Paramedics _____ AM/PM

☐ Other (explain) _____ AM/PM

What supervisors were verbally informed? (i.e., telephoned)? Check all notified and enter time.

☐ Immediate Supervisor _____ AM/PM

☐ Director of Community Services _____ AM/PM

☐ Other (state whom) _____ AM/PM

FOLLOW UP INFORMATION

Parent called by: _____ Title: _____

Date: _____ Time: _____ AM/PM

Parent/Guardian signature of notification: _____

Notes:

STAFF INFORMATION - All staff on duty at the time:

Report compiled by (name): _____ Title: _____

Signature: _____ Date: _____

Reviewed by: Coordinator: _____ Date: _____

Supervisor: _____ Date: _____

Director: _____ Date: _____