

RZone Incident Report

The personal information collected on this form is collected under the authority of the Municipal Act, 2001 S.O.2001, c.25 and will be used for incident reporting, processing, and management. Questions about this collection should be addressed to the Clerk at 325 Farr Drive, Haileybury ON P0J 1K0. Tel: 705-672-3363 ext. 4136.

Individual Reporting Details						
Name		Position		Date incident was reported		
Phone No.	E-mail address		Department			
Incident information						
Date	Time	AM <input type="checkbox"/>	PM <input type="checkbox"/>	Location		Police called? Yes <input type="checkbox"/> No <input type="checkbox"/>
Participants involved						
Complainant <input type="checkbox"/> Same as person making report						
Name		E-mail		Daytime phone number		
Address						
Respondent						
Name		E-mail		Daytime phone number		
Address						
If there are more participants involved, please attach extra pages.						
Type of incident (check all that apply)						
<input type="checkbox"/> Harassment <input type="checkbox"/> Physical assault/harm <input type="checkbox"/> Possession of weapons <input type="checkbox"/> Theft of property <input type="checkbox"/> Threats <input type="checkbox"/> Use of alcohol and/or drugs <input type="checkbox"/> Vandalism <input type="checkbox"/> Verbal assault <input type="checkbox"/> Other, please specify:						
Detailed Description of the incident						

Other relevant information

Blank space for other relevant information.

Other parties

Was anyone else made aware of the incident? If so, who?

Name	Daytime phone number	Address
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Notified via: In person Phone E-mail Other, specify:

Name	Daytime phone number	Address
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Notified via: In person Phone E-mail Other, specify:

If there are more individuals who have been made aware, please attach extra pages.

Witnesses of the incident

Name	Phone	E-mail
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Address

Name	Phone	E-mail
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Address

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

Send completed report to: Attn: Zone, City Hall, 325 Farr Drive, Haileybury, ON P0J 1K0 - Confidential -

For City Use Only

Action(s) taken:

Verbal warning Date: _____

Letter of warning Date: _____

Trespass notice Date: _____

Appeal:

Appeal started Date: _____

Outcome: _____

File Closed Date: _____

Name/Title: _____

Signature: _____