



RZONE INCIDENT REPORT

Individual Reporting Details:

Name of Person Reporting
Department
Position extension
Date incident was reported

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.

Category (please check all that apply)

- Verbal assault, Threats, Physical assault/harm, Vandalism, Theft of property, Possession of Weapons, Use of alcohol or drugs, Harassment, Other (please specify in detail)

Describe in detail what happened:

[Blank lines for description]

Other relevant information:

[Blank lines for other 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.

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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 Senior Policy Analyst of Strategy, Policy and Communications, at 905-845-6601, 3689 or P.O. Box 310, 1225 Trafalgar Road, Oakville, ON L6J 5A6.