



Civil Disturbance Incident Report

REPORTED BY: _____

DATE OF REPORT: _____

TITLE / ROLE: _____

INCIDENT NO.: _____

CIVIL DISTURBANCE INCIDENT INFORMATION

DATE OF INCIDENT: _____

TIME OF INCIDENT: _____

NAME OF PERSON DEMONSTRATING PROHIBITED BEHAVIOR: _____

NAME OF VICTIM: _____

LOCATION: _____

SPECIFIC AREA OF LOCATION: _____

ADDITIONAL PERSON(S) INVOLVED: _____

WITNESSES: _____

INCIDENT DESCRIPTION INCLUDING ANY EVENTS LEADING TO OR IMMEDIATELY FOLLOWING THE INCIDENT:

[Large grey rectangular area for incident description]

POLICE REQUESTED? YES NO

POLICE DEPT: TRIBAL HUMBOLDT CO

REPORTING OFFICER: _____

PHONE: _____

POLICE ACTION TAKEN: _____

REPORTING STAFF: _____

SUPERVISOR: _____

SAFETY OFFICER: _____

CEO: _____

Date

Date

Date

Date