



# NON-MEDICAL INCIDENT REPORT

Date: \_\_\_\_\_

FIRST Event: \_\_\_\_\_

Name of person reporting incident: \_\_\_\_\_

Position: \_\_\_\_\_

Contact Info: \_\_\_\_\_

## INCIDENT INFORMATION

Complainant Name:	
Address:	City: State: Zip:
Phone:	email:
Date of incident:	
Location of incident:	
Description of incident:	<b>Categories:</b> (check all that apply) <input type="checkbox"/> Inappropriate language <input type="checkbox"/> Verbal abuse <input type="checkbox"/> Threatening behavior <input type="checkbox"/> Inappropriate contact <input type="checkbox"/> Other:

## NAMES OF WITNESSES AND/OR OTHER PEOPLE INVOLVED IN INCIDENT:

1. Name:	Volunteer: Y N	Witness: Y N
Contact info:	Position:	Involved: Y N
2. Name:	Volunteer: Y N	Witness: Y N
Contact info:	Position:	Involved: Y N
3. Name:	Volunteer: Y N	Witness: Y N
Contact info:	Position:	Involved: Y N

Action Taken:

By whom:

Was event Security involved:    Y        N        If Yes, please explain:

Contact Name and Number of Event Security:

## FIRST APPROVAL

Regional Director:	Signature:
Regional Committee Chair:	Signature:

If this is an emergency please phone: 1-800-871-8326, ext. 437, or ext. 448  
 Please complete and return this form to FIRST, Attn: Dennis Howland, Volunteer Resources Manager,  
 200 Bedford St., Manchester, NH 03101, or FAX it to 603-666-3907