



St. Johns County Public Incident Report

This form is to be completed by the employee on site and retained in your department files until a claim is filed using the Citizen Claim Form; at which time it should be forwarded to the Risk Management Department immediately.

Name _____ Age _____ Sex: M F
Address _____ City _____ State _____
Phone _____

If needed - Parent or Guardian Contact Info:

Name _____ Age _____ Sex: M F
Address _____ City _____ State _____
Phone _____

Details of the Incident:

Date: _____ Time: _____

Location/Address:

Specific Description of the exact location at this address (*i.e. sidewalk on east side of parking lot*):

Description of the Incident:

Staff Witnesses/Phone _____

Staff Witnesses/Phone _____

Other Witnesses/Phone _____

Other Witnesses/Phone _____

Police or Emergency Personnel: Y___ N___ Responding Agency & Case number _____

Department Information:

Department Name _____ Dept Number _____

Person documenting this incident for the Department _____

Your phone numbers work cell _____ office _____

Your Signature _____ Date _____

Recommended Corrective Action:

Please attach any additional witness statements, photos, police reports, signed waivers, maintenance work orders, etc. that may help expedite the investigation of this incident.

To be completed by the appropriate supervisor for further action, if required.

What corrective action plan or change in operating procedures was implemented?

Expected time frame for corrective action implementation: _____

Work order requested? YES _____ NO _____ N/A _____

Did corrective action occur within an appropriate time frame? _____

If no, explain status: _____

Were disciplinary actions necessary? If so, were they taken?

Signature of Supervisor: _____ Date: _____