

AMERICAN LEGION POST #572

INCIDENT REPORT FORM

Incident description: _____
Date of incident: ____ / ____ / ____ Approximate time: _____ am / pm
Person in Charge _____ Reported by: _____
Witnessed by: _____
Witnessed by: _____

Full Details of Incident below

USE BACK OF FORM IF NEEDED

I swear and affirm to the best of my knowledge that the above information is both accurate and truthful as I have recorded it.

Signature: _____ Date of report: ____ / ____ / ____

Rec'd by Canteen Manager - Date ____ / ____ / ____

Rec'd by Commander - Date ____ / ____ / ____

First review/action taken:

5 Day Automatic Suspension for any written incident or until reviewed by committee.