



## 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: \_\_\_\_\_

#### Categories:

(check all that apply)

- ☐ Inappropriate language
- ☐ Verbal abuse
- ☐ Threatening behavior
- ☐ Inappropriate contact
- ☐ 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