

**Jackson County Library
Rules of Behavior Incident Form**

Policies #180, #185

Date: _____ Time: _____

Name of person(s) involved in incident: _____

Address of person(s) involved: _____

Telephone Number of person(s) involved: _____

Names, telephone numbers, addresses of witness(es): _____

Location of Incident: Jackson Lakefield Heron Lake

Description of Incident: _____

Name of staff involved: _____

Action taken by staff: _____

Length of suspension: _____ Start Date: _____ End Date: _____

Were police called: Yes _____ No _____

Name of reporting Officer: _____

What action did the police take? _____

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Policies #180, #185

Date report filed: _____

Date forwarded to Director: _____

Action taken by Director: _____

Library Board action required: _____
