

CITY OF RACINE
REPORT FORM FOR INCIDENTS
INVOLVING MEMBERS OF THE PUBLIC
occurring in City Hall or City Hall Annex

Customer Service complaints should be reported on the Citizen Complaint form available from the Human Resources Department

Date & Time of Incident: _____

Name, Address, and Phone Number of person(s) involved in incident:

Place where incident occurred and description of area (i.e., lighting condition, surface condition, handrail, furniture or objects, people, etc.):

Brief description of incident (if more space is required, use back of page):

Was rescue squad called? YES NO

Brief description of any injury or damage to item (i.e., scrape, tear, break, etc.)

List the Name, Address and Phone Number of anyone witnessing the occurrence:

Date report prepared: _____

Printed name of person filing the report: _____

Completed form to be submitted to the Safety Officer, Human Resources Dept

NOTE: Any non-employee seeking reimbursement of expenses or asserting liability on the part of the City of Racine must satisfy the requirements of Wis. Stat. §893.80