



London  
CANADA

# Rzone Incident Report

Parks and Recreation

The personal information collected on this form is collected under the authority of the Municipal Act, 2001 S.O.2001, c.25 and will be used for incident reporting, processing and management. Questions about this collection should be addressed to the Manager of Risk Management at 300 Dufferin Avenue, London, ON N6A 4L9. Tel: 519 661-2500 ext. 5415.

## Person making report - details

Name		Date reported	For City of London staff use only	
Daytime phone number	E-mail address			

## Incident information

Date	Time	AM <input type="checkbox"/>	PM <input type="checkbox"/>	Location	Police called <input type="radio"/> Yes <input type="radio"/> No
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## Participants involved

Complainant  Same as person making report

Name	E-mail	Daytime phone number
Address		

## Respondent

Name	E-mail	Daytime phone number
Address		

If there are more participants involved, please attach extra pages.

## Type of incident (check all that apply)

- Harassment
- Physical assault/harm
- Possession of weapons
- Theft of property
- Threats
- Use of alcohol and/or drugs
- Vandalism
- Verbal assault
- Other, please specify:

## Detailed description of the incident

Other relevant information

Empty space for other relevant information.

Other parties

Was anyone else made aware of the incident? If so, who?

Name	Daytime phone number	Address
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Notified via:  In person  Phone  E-mail  Other, specify:

Name	Daytime phone number	Address
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Notified via:  In person  Phone  E-mail  Other, specify:

If there are more individuals who have been made aware, please attach extra pages.

Witnesses of the incident

Name	Phone	E-mail
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Address

Name	Phone	E-mail
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Address

If there are more witnesses involved, please attach extra pages.

Send completed report to: Attn: Rzone, PO Box 5045, London, ON N6A 4L6 - Confidential -

**For City of London Use Only**

**Action(s) taken:**

- Verbal warning    Date: \_\_\_\_\_
- Letter of warning    Date: \_\_\_\_\_
- Trespass notice    Date: \_\_\_\_\_

**Appeal**

Appeal started    Date: \_\_\_\_\_

Outcome: \_\_\_\_\_

File closed    Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_