



INCIDENT REPORT FORM

CONTROL # \_\_\_\_\_

The City of Salida is committed to providing the best service possible with the resources we have available. Please take the time to fill out this form so that we can continue to improve our facilities, programs and incident response. The incident will be assigned to someone for review or investigation. It is the City’s policy to provide a written response within ten business days.

Type of Incident:  Municipal code  Employee  Equipment  Service  Other

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone # \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Name of employee(s) involved: \_\_\_\_\_

Description of incident (describe in detail what happened – who was involved, any physical property damage, personal injury, verbal exchanges between parties, how the situation was left, etc). Attach any pertinent photos or other information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any additional comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Use reverse side of form if additional space is needed*

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

Return form to: City Hall, 448 E. 1<sup>st</sup>. St, Suite 112, Salida, CO 81201

For City Use:

Received Date / Time: \_\_\_\_\_ By: \_\_\_\_\_

Administrative Review: \_\_\_\_\_ Assigned to: \_\_\_\_\_

Additional Comments (continued from page 1)