



**Appendix "B"**  
**RZone Incident Report**

**Individual Reporting Details:**

Name of Person Reporting

Department

Position  Phone No.

Date incident was reported

**Incident Information:**

Date  Time

**Incident Information:**

Location of Incident

**Participant(s) Involved:**

(a) Complainant Name

Address

Postal Code  Phone

(b) Respondent Name

Address

Postal Code  Phone

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

**Category (please check all that apply)**

- Verbal assault
- Threats
- Physical assault/harm
- Use of alcohol or drugs
- Vandalism
- Theft of property
- Harassment
- Possession of Weapons

**Other (please specify in detail)**

**Describe in detail what happened:**

**Other relevant information:**

**Who else was made aware of the incident?**

Name

Address

Postal Code  Phone

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

**If another individual was made aware of the incident, how were they informed? Please circle**

|  |       |       |
|--|-------|-------|
| In-person  | Phone | Email |
| Other (please specify in detail) <input style="width: 570px;" type="text"/>  |       |       |
| Date the individual was informed: <input style="width: 560px;" type="text"/> |       |       |

**Please identify if another individual witnessed the incident.**

Name

Address

Postal Code  Phone

If there are more individuals who witnessed the incident, please attach extra pages.

**For Office Use Only:**

**Action Taken (please check):**

- Verbal Warning
- Letter of Warning
- Letter of Trespass

Date:

Date:

Date:

Date:

**Appeal:**     No     Yes

Outcome:

File Closed:  Yes  No  Pending

Date:

Name:

Position:

Signature:

Personal information on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001, c. 25 and will be used for the purpose of aggregate statistical reporting, and allocation of staff and resources. This information will also be used for the promotion of programs or activities so that we can provide good customer service.