



NON-MEDICAL INCIDENT REPORT

Date: _____

FIRST Event: _____

Name of person reporting incident: _____

Position: _____

Contact Info: _____

INCIDENT INFORMATION

Complainant Name:	
Address:	City: State: Zip:
Phone:	email:
Date of incident:	
Location of incident:	
Description of incident:	Categories: (check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Inappropriate language <input type="checkbox"/> Verbal abuse <input type="checkbox"/> Threatening behavior <input type="checkbox"/> Inappropriate contact <input type="checkbox"/> Other:

NAMES OF WITNESSES AND/OR OTHER PEOPLE INVOLVED IN INCIDENT:

1. Name:	Volunteer: Y N	Witness: Y N
Contact info:	Position:	Involved: Y N
2. Name:	Volunteer: Y N	Witness: Y N
Contact info:	Position:	Involved: Y N
3. Name:	Volunteer: Y N	Witness: Y N
Contact info:	Position:	Involved: Y N

Action Taken:

By whom:

Was event Security involved: Y N If Yes, please explain:

Contact Name and Number of Event Security:

FIRST APPROVAL

Regional Director:	Signature:
Partner or Committee Chair:	Signature:

Please complete and return this form to FIRST, Attn: Dennis Howland, Volunteer Resources Manager, 200 Bedford St., Manchester, NH 03101, or FAX it to 603-666-3907
Please call 1-800-871-8326 ext. 437 and leave message that report has been faxed.