APPENDIX A





TOWNSHIP OF CENTRE WELLINGTON
COMMUNITY SERVICES
DEPARTMENT

RZONE/ INCIDENT REPORT FORM

Is this a zero tolerance incident? _____ Yes ___ No

Individual Reporting Details:

Note: All parts of this form must be completed or report will not be received.

*Name of Person Reporting _____

*Mailing Address _____
Postal Code

*Phone Number (day) _____ (evening) _____

*Email Address _____

==========**Incident Information:**

Date: _____ Time: _____

(note: incidents have a better chance of resolution if notification has been received within 24 hours)

Location of Incident: _____

==========**Participant (s)/Patron(s) Involved**:

Name: _____

Address _____ Postal Code _____

Phone _____

If there are more participants involved please attach extra pages.

==========

Organization/Association Contact Information (if applicable):

Organization/Association Name: _____

Contact Name: _____

Phone Number: _____

E-mail Address: _____

Category (please check all that apply)

__ Verbal assault
__ Threats/aggression
__ Physical assault/harm
__ Use of alcohol/drugs
__ Vandalism
__ Theft
__ Harassment
__ Other (please specify in detail)

Describe In Detail What Happened:

_____
_____
_____
_____
_____
_____
_____
_____
_____

Other Relevant Information:
This could include such information as sporting/group association name (i.e. soccer, hockey), team name, team number/colour, location of event etc.

_____
_____
_____
_____
_____
_____

Was Anyone Else Made Aware Of The Incident? ____ Yes ____ No

If yes, who else was contacted?

__ Police *Name of Officer* _____ *Occurrence Number* _____
__ Ambulance __ Fire Department _ Parents
__ Township Staff *Name:* _____ *Position:* _____
__ Organization/Association *Name of person contacted:* _____
__ Other _____

For Office Use Only:
Action Taken (please check):

Letter of Warning	___	Date: _____
Letter of Trespass	___	Date: _____
Probation	___	Date: _____
Suspension	___	Date: _____
Ban	___	Date: _____

Appeal: ___ Yes ___ No Date: _____

Outcome:_____
_____

File Closed: ____ Date: _____
Name: _____ Position: _____
Signature: _____

Completed forms should be mailed to the Managing Director of Community Services, Community Services Department, 1 MacDonald Square, Elora, ON N0B 1S0.

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 program registration, payment, 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 you with good customer service. Questions about this collection may be directed to: The Managing Director of Community Services, Community Services Department at 519-846-9691 ext. 319, or 1 MacDonald Square, Elora, ON N0B 1S0.