



CENTER FOR THE ARTS

INCIDENT REPORT

REPORTED BY: _____

DATE OF REPORT: _____

TITLE / ROLE: _____

TIME OF REPORT: _____

LOCATION: _____

DATE OF INCIDENT: _____

TIME OF INCIDENT: _____

INCIDENT DESCRIPTION:

RECOMMENDED ACTION:

PARTIES INVOLVED

Name	Role	Phone	Email

WITNESSES (if applicable):

Name	Role	Phone	Email



INJURY / DAMAGE DETAILS

Was anyone injured? Y/N	
Was the injured person(s) transported? Y/N	
If yes, to what location? Name and Address:	
Was there any property damage? Y/N	
Describe the damage(s)	

REPORT INFORMATION

POLICE REPORT FILED? YES OR NO	PRECINCT (if applicable)
REPORTING OFFICER (if applicable)	OFFICER PHONE (if applicable)
POLICE REPORT NUMBER (if applicable)	
INSURANCE REPORT FILED? YES OR NO	CLAIM NUMBER (if applicable)
AGENT NAME (if applicable)	AGENT PHONE (if applicable)

SIGNATURES

Submitter's Name	
Submitter's Signature	Date
Supervisor's Name	
Supervisor's Signature	Date



RESOLUTION / OUTCOME

BLACKROCK REPORT PROCESS

PROCESS	STATUS
Staff Calls 911 (extreme emergency only)	
Staff Calls Facilities Director at 227-203-4548	
Facility Director Calls CEO at 301-943-3171	
Facility Director Calls Non-Emergency Police	
Facility Director Contacts Building Management (if applicable)	
Department Director Contacts ICE, parents/guardians, or patrons (if applicable)	
CEO contacts police, insurance company, and Communications Director (if applicable)	

Completed forms should be shared with your supervisor, Katie Hecklinger, Mike Sickles, and Carol Jones.