St. Johns County
Citizen Incident Report

This form is to be completed by the employee on site and retained in your department files until a claim is filed using the Citizen Claim Form; at which time it should be forwarded to the Risk Management Department immediately.

Name _____ Age _____ Sex: M F

Address _____ City _____ State _____

Phone_____

Parent or Guardian Contact Info:

Name _____ Age _____ Sex: M F

Address _____ City _____ State _____

Phone_____

Details of the Incident:

Date: _____ Time: _____

Location/Address:

_____

Specific Description of the exact location at this address (*i.e. sidewalk on east side of parking lot*):

_____

_____

Description of the Incident:

_____

_____

_____

_____

_____

_____

_____

Staff Witnesses/Phone _____

Staff Witnesses/Phone _____

Other Witnesses/Phone _____

Other Witnesses/Phone _____

Police or Emergency Personnel: Y___ N___ Responding Agency & Case number _____

Department Information:

Department Name ____ _____ Dept Number _____

Person documenting this incident for the Department _____

Your phone numbers work cell _____office _____

_____ _____

Your Signature Date

Recommended Corrective Action:

_____

_____

_____

_____

Please attach any additional witness statements, photos, police reports, signed waivers, maintenance work orders, etc. that may help expedite the investigation of this incident.

To be completed by the appropriate supervisor for further action, if required.

What corrective action plan or change in operating procedures was implemented?

_____

_____

_____

_____

Expected time frame for corrective action implementation: _____

Work order requested? YES _____ NO _____ N/A _____

Did corrective action occur within an appropriate time frame? _____

If no, explain status: _____

Were disciplinary actions necessary? If so, were they taken?

_____

_____

Signature of Supervisor: _____ Date: _____