

HENRY COUNTY PARKS AND RECREATION DEPARTMENT

INCIDENT REPORT

DATE: _____ / _____ / _____ **TIME:** _____ AM / PM

LOCATION OF INCIDENT: _____

ACTIVITY INVOLVED: _____

NAME OF PARTICIPANT: _____

ADDRESS: _____

PHONE: _____ **E-MAIL:** _____

ACTION OF PARTICIPANT:

WITNESS:

NAME: _____ **PHONE:** _____

NAME: _____ **PHONE:** _____

NAME: _____ **PHONE:** _____

ACTION OF SUPERVISOR:

COMMENTS:

SUPERVISOR'S SIGNATURE: _____

Please keep on file and also forward incidents to bdailey@co.henry.ga.us