

## Incident Reporting Instruction

**THIS REPORT IS FOR ANY INCIDENT THAT DOES NOT INVOLVE BODILY INJURY**

Use this form for Safety Concerns such as but not limited to:

### Human Interactions

- **Suspicious Behavior**
  - Observation/surveillance - Someone paying unusual attention to facilities or buildings beyond a casual or professional interest. This includes extended loitering without explanation (particularly in concealed locations); unusual, repeated, and/or prolonged observation of a building (e.g., with binoculars or video camera); taking notes or measurements; counting paces; sketching floor plans, etc.
  - Eliciting information - A person questions individuals at a level beyond curiosity about a building's purpose, operations, security procedures and/or personnel, shift changes, etc.
  - Unusual items or situations - A vehicle is parked in an odd location, a package(s) unattended, a window or door open that is usually closed, or other out-of-the-ordinary situations.
- **Inappropriate Behavior**
  - Overly assertive, belligerent person(s) threatening or intimidating other patron(s) or staff
  - Unwanted attention, sexual harassment, stalking, or any act of physical violence.
- **Disruptive Behavior** - inebriated person(s) causing a disturbance in or around a facility

### Theft and Vandalism

- **Theft** - Patron or staff member has an item or items stolen from a Borough facility
- **Vandalism** - Spray painting/defacing Borough property – e.g. Bus stops or shelters, park equipment or facilities

### Property Damage

- Broken windows, damage to vehicles not due to a Motor Vehicle Accident, or to Borough signage

### When to file a police report (if applicable) - Be sure to send a copy to Risk Management with the case number that is assigned

- The incident involves threats to or damage of Borough property
- The incident involves concerns for personal safety (threats of an intention to inflict pain, injury, damage or other hostile actions of a verbal or physical nature) or if the incident involves a physical assault

1. GENERAL INFORMATION	THIS INFORMATION HELPS...
Facility where incident occurred Borough Vehicle Unit Number (if involved) Reporting person	Risk Management tracks and follows up on incidents, this allows for identifying trends of incidents at specific locations and provides us with individuals that we can speak to if further information is needed.
2. DATE/TIME OF INCIDENT/LOCATION OF INCIDENT	THIS INFORMATION IS IMPORTANT BECAUSE.....
Enter the date and time when the incident occurred. Location in/at the facility where the incident occurred. Be as Specific as possible – Include room numbers, equipment involved, etc.	Risk Management investigates incidents and this information narrows down the specifics of when and where the incident occurred.
3. CITIZEN / PATRON INFORMATION	THIS INFORMATION HELPS...
Name (if known), Contact Number Age, Gender Address, City, State, Zip Code If citizen/patron is unknown include a general description (height, weight, sex, age, race, clothing, etc.)	Risk Management to be able to contact the individual to ask follow-up questions if needed or to document a specific individual for inappropriate behavior. In the case of suspicious behavior, where the patron is unknown, it will allow a description of the individual to be given to other facilities to possibly prevent further incidents.
4. INCIDENT DESCRIPTION	THIS INFO IS IMPORTANT BECAUSE.....
Provide as much factual information as possible, use names of persons involved. <i>If a threat was been made and you can recall what was said include a direct quote of the threat, to whom it was directed, and who made the threat.</i>	The more details provided assists Risk Management to quickly identify and implement any possible corrective actions necessary to prevent future incidents or, if needed, to notify other Borough facilities.
5. WITNESS(ES)	THIS INFORMATION HELPS BY...
Provide the Name and contact number for any witnesses.	Provides us with individual(s) that have knowledge of the incident.
6. REPORT COMPLETED BY	THIS INFORMATION IS IMPORTANT BECAUSE.....
This is the printed name and signature of the individual completing the form and the date the form was completed.	This tells us exactly who witnessed/dealt with the incident.
7. REPORT VERIFIED BY	THIS INFORMATION IS IMPORTANT BECAUSE.....
Printed name and signature of the supervisor verifying the incident information and the date the form was completed.	It ensures that a supervisor or manager is aware of the incident.
8. SUBMIT THE REPORT TO RISK MANAGEMENT	IMPORTANT BECAUSE
Within 7 days of completing via E-mail ( <a href="mailto:ReportClaims@fnsb.us">ReportClaims@fnsb.us</a> ) or Fax (907-459-1187) or send through in house mail.	Timely notification allows for follow up and any corrective actions that might need to happen.

# Fairbanks North Star Borough & School District

## Incident Report

This report is for any incident that does not have a bodily injury - Such as: staff concerns for physical safety or feeling threatened/intimidated, when a patron has items stolen or an inebriated person is causing a disturbance at any Borough facility, vandalism or other property damage, etc. Please file a police report when an incident involves Borough property damage or threats of an intention to inflict pain, injury, damage or other hostile actions of a verbal or physical nature.

<b>Facility</b>				<b>Borough Vehicle Unit Number (if involved)</b>				
Non Borough Vehicle (if involved)	License Plate	State	Year	Make	Model	Color		
Reporting Person	Name		Contact Number		Job Title			
Time / Location of Incident	Date	Time	AM	Location in/at facility (be specific, Include room numbers, etc.)				
			PM					
Citizen / Patron Information	Name of Citizen/Patron (if known)			Contact Number		Gender		Age
			M			F		
	Address			City		State	Zip Code	
	General Description (if Citizen/Patron is unknown include - height, weight, sex, age, race, clothing)							
<p>Full description of Incident (provide as much factual information as possible)  <i>If a threat has been made and you can recall what was said include a direct quote of the threat, to whom it was directed, and who made the threat.</i></p>								
Witness(es)	Name			Contact Number				
	Name			Contact Number				
Report Completed By	Printed Name			Signature		Date		
Reviewing Supervisor	Printed Name			Signature		Date		

**This report is to be forwarded to Risk Management through in-house mail, e-mailed to [ReportClaims@fnsb.us](mailto:ReportClaims@fnsb.us), or faxed to 459-1187. Please call Risk Management (459-1344) if you have any questions.**