



The Municipality of West Perth
RZone Policy – Respect & Responsibility

RZone Incident Report
Appendix A

Individual Reporting Details:

Name of Person Reporting: _____

Department: _____

Position: _____ Phone No.: _____

Date incident was reported: _____

Incident Information:

Date: _____ Time: _____

Description of Incident: _____

Location of Incident: _____

Participant(s) Involved:

a) Complainant Name: _____

Address: _____ Postal Code: _____

Phone: _____

b) Respondent Name: _____

Address: _____ Postal Code: _____

Phone: _____

If there are more participants involved, please attach extra pages.

Category: (please check all that apply)

Verbal Assault

Theft of Property

Threats

Possession of Weapons

Physical Assault/Harm

Use of Alcohol or Drugs

Vandalism

Harassment

Other (please specify in detail): _____

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Describe in detail what happened:

Other relevant information: _____

Who else was made aware of the incident?

Name: _____ Phone: _____

Address: _____ Postal Code: _____

If there are more individuals involved, please attach extra pages.

If another individual was made aware of the incident, how were they informed?

In Person

Phone

Email

Other (please specify in detail): _____

Date the individual was informed: _____

Please identify if another individual witnessed the incident.

Name: _____

Address: _____ Postal Code: _____

Phone: _____

If there are more individuals who witnessed the incident, please attach extra pages