**Barrington Countryside Park District**

PO Box 1393
Barrington, Illinois 60011
(847)783-6772 Voice and Fax

Date:

Time:

## Incident/Situation Report

**Please complete this form to document an incident or situation. You may mail in this form, fax, or put in District mail box at the Riding Center. The Park District will contact you to acknowledge receipt of your report.**

Location of Incident: _____

_____

Report Submitted By: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Description and Narrative of Incident: _____

_____

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_____

Were the police called? Yes ☐ No ☐ By Whom: _____

Name of Event or Group associated with: _____

_____

Witness: _____ Phone: _____

Witness: _____ Phone: _____

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