

**Del Mar College Libraries  
Incident Report Form**

Date of Incident:\_\_\_\_\_ Time:\_\_\_\_\_

Person(s) involved

Name(s):\_\_\_\_\_

Address:\_\_\_\_\_

Student ID (if applicable):\_\_\_\_\_ Phone:\_\_\_\_\_

Patron:          Faculty/Staff          DMC Student          Collegiate Student          Public Patron

Description of Incident (include details of event, action taken, staff witnesses, and call numbers of books, if applicable.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was this incident reported to DMC security?          Yes          No

If yes, please provide name of security officer:\_\_\_\_\_

Comments/Suggestions:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Report Submitted by:\_\_\_\_\_

(Name, Title)

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**INTERNAL USE ONLY**

Resolution/Action taken:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date:\_\_\_\_\_