



**EVENT INCIDENT REPORT**

Local/Name of Event/Place of Event \_\_\_\_\_

Date of Incident \_\_\_\_\_

Please describe where incident occurred (example: at stage, main gate, etc.), what happened, number of persons involved, including other event volunteers.

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If possible, please gather names, address of parties involved, or describe in detail involved parties (i.e., age, height, weight, male/female, etc.)

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Please describe your actions and the final outcome of incident.

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Were local authorities contacted and a report made? If so, who responded to the incident?

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Return completed form to: FORR, Inc.  
Events Coordinator – Linda Hawkins  
604 S. College St.  
Calhoun, MO 65323-1305  
Email events@forr.net  
Phone 660-351-5607

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