



INCIDENT REPORT

Fill out an Incident Report for injuries, equipment damage, property damage, and Code of Conduct infractions. If completing a paper version, send a photograph of the filled form to board@bellinghammakerspace.org
Incident Report process: Once a report is submitted you will receive a claim number for your Incident Report via email within 5 days of submitting this form, then a fact finding will occur (each person listed on this report will be contacted and asked to share their narrative of the event), deliberations will be made, and actions may be taken. This entire process should take 2 weeks. All progress will be tracked here: <https://tinyurl.com/24bf4zm9>

Date/Time of incident: _____

Location of incident: _____

Reported by: _____

Witnesses (if any) and contact information:

Type of incident (circle all that apply):

Injury Equipment damage Theft Property damage Code of Conduct infraction Other: _____

- Medical treatment required
- Law enforcement contacted

Case Number: _____

If you checked either of the above boxes, please provide further information such as the specific Code of Conduct infraction, the name of the hospital/physician/first responder/law enforcement officer(s) with their contact information.

Description of incident (in detail, continue on back if needed): _____

Reporter signature _____ Date _____