



APPENDIX A

Municipality of West Grey  
Rzone / Incident Report Form



Respect and Responsibility

**Individual Reporting Details:**

Note - all parts of this form must be completed or report will not be received.

Name:	Department:
Position:	Date incident was reported:

**Incident Information:**

Date:	Time:
Location of incident:	
Incident information:	

**Participant(s) Involved:** If there are more participants involved, please attach extra pages.

**(a) Complainant**

Name:	Phone:
Address:	
Town:	Postal Code:

**(b) Respondent**

Name:	Phone:
Address:	
Town:	Postal Code:

**Category** (please check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> verbal assault          | <input type="checkbox"/> possession of weapons            | <input type="checkbox"/> threats           |
| <input type="checkbox"/> use of alcohol or drugs | <input type="checkbox"/> physical assault/harm            | <input type="checkbox"/> harassment        |
| <input type="checkbox"/> vandalism               | <input type="checkbox"/> other (please specify in detail) | <input type="checkbox"/> theft of property |

Other: \_\_\_\_\_

**Describe in detail what happened:**

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**Other relevant information:**

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**Who else was made aware of the incident?**

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

Name:	Phone:
Address:	
Town:	Postal Code:

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

<input type="checkbox"/> In-person	<input type="checkbox"/> Phone	<input type="checkbox"/> Email
Other (please specify in detail):		
Date the individual was informed:		

**Please identify if another individual witnessed the incident.**

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

Name:	Phone:
Address:	
Town:	Postal Code:

**For Office Use Only:**

Action Taken (please check):

- Verbal Warning - Date: \_\_\_\_\_  Letter of Warning - Date: \_\_\_\_\_
- Letter of Trespass - Date: \_\_\_\_\_ Appeal: No  Yes  Date: \_\_\_\_\_

Outcome: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date File Closed: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

*Personal information on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of program registration and administration only. Questions about this collection should be directed to the Municipality of West Grey, 519-369-2200.*