

# DTCCU Incident Form 

Please submit to Board Member

Date of Incident: $\qquad$ Time: $\qquad$
Location of Incident: $\qquad$
Brief description of incident and person(s) involved: $\qquad$
$\qquad$
$\qquad$

Reporting person: $\qquad$
Address: $\qquad$
Phone: $\qquad$ Email: $\qquad$

Did the incident result in injury to person(s) or dog(s)?
Please list names \& injuries:(people \& dogs) $\qquad$
$\square$


If additonal witnesses, please add on separate paper, also attach witness statements (if any) to form.

Signature of reporting person:
Date:

Follow up action by Board: $\qquad$
$\qquad$
$\qquad$
$\qquad$

