

## **Frankfort Parks Incident Report Form**

Please as much specific information as you can since it will improve our chance of doing meaningful follow-up.

This information will be used to educate and improve the park experiences for all.

Date of Incident: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Time: \_\_\_\_\_AM/PM

Specific Location: \_\_\_\_\_

The incident being reported involved: \_\_\_\_\_

Please provide detailed information about individual(s) involved with the incident, description of individual, (if relevant also include description of vehicle, license number, or dog , etc.)

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Describe what happened:

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Witnesses: Names and contact details for others who witnessed the incident:

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### **Reporting party**

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

Email Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Please return completed forms to: Parks Director, 1 Adrian Marks Dr, Frankfort, IN 46041 or email it to  
fpark@frankfort-in.gov

Information will be shared with the Frankfort Police Department when appropriate.