

Ben Franklin Community Garden Incident Report

Date: _____ Time: _____ Medical Rule Violation Other

Name of (Co-)Gardener (first/last): _____

Description of incident: _____

Witnesses (as applicable):

Name (first/last): _____ Contact Info.: _____

Name (first/last): _____ Contact Info.: _____

Medical – Injury / Illness

Name (if not gardener): _____

Injury/Illness type (if known or as reported/observed): _____

Disposition _____

Declined offer of medical treatment Note (if applicable) _____

Injured/ill party signature/date: _____ / _____

Rule Violation

Reference current *Garden Rules and Regulations* rule number/description or other public law: _____

Plan of action / expected date of correction (as applicable): _____

Gardener signature/date: _____ / _____

Follow-up (as applicable): _____

Other

Description of loss/damage to property or other concern (as applicable): _____

Disposition: _____

Garden Coordinator/Operating Committee member signature:

_____ Date: _____