Hide-A-Way Hills Club
RR 1 Box 1
Hide-A-Way Hills OH 43107
740-569-4195 --- 740-569-4036 Fax
740-569-4187 --- 740-746-9589 Security

MISCELLANEOUS INCIDENT REPORT

This form is for use by a member, guest or employee to complete

COMPLAINANT'S NAME _____

COMPLAINANT'S ADDRESS _____

COMPLAINANT'S PHONE _____

DATE OF INCIDENT _____ TIME OF INCIDENT _____ ____AM____PM

LOCATION OF INCIDENT_____

DETAILS OF INCIDENT: (Please write legibly and be specific. Include names of those involved and any witnesses present.)

_____
_____
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Report completed and filed by _____
Please print name here and then sign below

Signature _____ Date _____

If more space is needed, please use back side or attach a paper.