Representing the Suffolk Camping Community since 1992

## **INCIDENT REPORT**

TODAY'S DATE:	LOCATION:	
YOUR NAME:	TEL #:	
DATE OF INCIDENT:	TIME OF INCIDENT:	AM PM
NAMES OF PEOPLE YOU SPOKE TO:		
BADGE NUMBERS OR ID NUMBERS:		
DESCRIBE IN DETAIL WHAT HAPPENED	):	
SIGNATURE:		
Please forward completed form to: D	Pavid Lipman 65 Oak Street	

Medford, NY 11763

You can also send via email (parkliaison@aol.com) or submit at next SCC Meeting