City of Chewelah
PO Box 258 – 301 E. Clay
Chewelah, WA 99109
509-935-8311

Incident Report Form

Incident Information:

Name:_____Date _____

Address: _____

Phone Number_____Best Time to Call _____

Location/Address of Incident _____

Description of Incident _____

_____

_____

_____

Signature_____Date _____

For Office Use Only

Received By:_____Date Received : _____

Is this a new or established incident? _____

Comments / Action Taken_____

_____

_____

Was incident resolved? _____
If Yes, provide date. If No, provide reason why.

_____

_____