

## **Incident Report Form**

(Complete whenever a serious incident involving CORA members occurs which could affect the health/safety of owners/ guests/ staff or the essential operation of CORA)

Staff Involved:
Location:
Name of Member:
CORA Lot #
Name/Addresses of Witnesses (if applicable):
1)
Date of Incident:Time:
Day of Week:
Describe the problem:
<del></del>
Was incident reported to police/sheriff?
Incident Report Submitted by:
Signature of Complainant:



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