



Suffolk Committee for Camping, Inc.

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: **Suffolk Committee for Camping**
199 Sterling St.
Port Jefferson Station, NY 11776

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