



CITY OF GERING CUSTOMER/CITIZEN INCIDENT REPORT

Please print and provide all the information requested on this form.

Today's Date: _____ Date of incident: _____ Time of incident: _____ a.m./p.m.

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

City Department(s) involved: _____

Name of City employee, if known: _____

Did anyone witness the incident? _____ If so, provide name and contact information? _____

Narrative of what happened: _____

Description of damage: _____

Was anyone injured? If so, explain and provide names and if treatment was sought: _____

Estimated amount of damages: \$ _____ (attach estimates & photos)

Were the Police or other emergency services called? _____ **If Police were called, please provide a copy of the Police Report.**

Does the consumer have insurance? _____ What kind? _____

Insurance company information: (Name, Policy Number, Agent, Etc.) _____

Signature of citizen completing this form: _____ **Printed name:** _____

Name of City staff taking report information: _____

Received date: _____