



The Barn Theatre Incident Report Form

The Barn Theatre
321 4th St SW
Willmar, MN 56201

Your Name: _____

Volunteer Role/Crew/Staff Position: _____

Signature Date: _____

Parent/Guardian Signature (if under 18) Date: _____

Incident:

Date of Incident: _____ Time: _____

Location of Incident: _____

Description of Incident:

Witnesses: include contact details

Reporting of the Incident:

Incident Reported to: _____

Date: _____

How did you report the incident? (Form, verbal, phone)
