## TENANT BASED ADDISON COUNTY COMMUNITY TRUST INCIDENT REPORT

INCIDENT CONCERNING: (Name of person(s)Involved in incident)  #1	PROPERTY:	· · · · · · · · · · · · · · · · · · ·	
THIS PERSON IS A: RESIDENT NON-RESIDENT  PERSON'S ADDRESS: TEL NO.: #2  THIS PERSON IS A: RESIDENT NON-RESIDENT  PERSON'S ADDRESS: TEL NO.: NO  Check applicable category/categories  Accident/Injury Disturbance Tenant Safety Other: Other: Other: Other: CIRCUMSTANCES: TIME: PLACE: CIRCUMSTANCES:			
PERSON'S ADDRESS:	#1		
#2	THIS PERSON IS A: RESIDENT	NON-RESIDENT	
THIS PERSON IS A: RESIDENT NON-RESIDENT  PERSON'S ADDRESS:	PERSON'S ADDRESS:	TEL NO.:	
PERSON'S ADDRESS:	#2		
Were Emergency Services contacted? (police, EMS, fire/rescue, etc.)    Check applicable category/categories   Accident/Injury   Fire/Fire Alarm   Tenant Safety   Other:   Other:   Other:   CIRCUMSTANCES:   CIRC	THIS PERSON IS A: RESIDENT	NON-RESIDENT	
Were Emergency Services contacted? (police, EMS, fire/rescue, etc.)    Check applicable category/categories   Accident/Injury   Fire/Fire Alarm   Tenant Safety   Other:   Other:   Other:   CIRCUMSTANCES:   CIRC	PERSON'S ADDRESS:	TEL NO.:	<del>-</del>
Accident/Injury Disturbance Property Damage Alcohol/Drug  DATE: TIME: PLACE: CIRCUMSTANCES:	•	· <u> </u>	NO
Disturbance Property Damage Alcohol/Drug  DATE: TIME: PLACE: CIRCUMSTANCES:	Che	neck applicable category/categories	
CIRCUMSTANCES:	Disturbance Property Damage	Tenant Safety Other:	
	CIRCUMSTANCES:		
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COMPLETED BY: DATE:	COMPLETED BY:	DATE:	-
SIGNATURE:Property & Unit #:			
Submit completed form to ACCT Property Manager Jeff Wedwaldt:  E-mail: jeffw@addisontrust.org  Mail: PO BOX 156 Vergennes, VT 05491, C/O Jeff Wedwaldt.			ıldt.

Forms may also be dropped off at our Main Office at 272 Main Street Vergennes, VT 05491

By Fax: 802-877-2627, C/O Jeff Wedwaldt

## **ALL COMPLAINTS WILL REMAIN CONFIDENTIAL**