

TOWNSHIP OF SOUTHGATE

Policy No. 99

R-Zone – Respect and Responsibility Policy

Council Approval: October 15, 2025



Schedule A - RZone Incident Report Form

Individual Reporting Details

Name: _____ Department: _____

Position: _____ Date Incident Occurred: _____

Incident Information

Date: _____ Time: _____

Incident Location: _____

Incident Information: _____

Participant(s) Involved

a) Complainant Name: _____ Phone: _____

Street Address: _____ City: _____

Postal Code: _____ Email: _____

b) Respondent Name: _____ Phone: _____

Street Address: _____ City: _____

Postal Code: _____ Email: _____

Category *Please check all that apply

- | | | |
|---|---|---|
| ☐ Verbal Assault | ☐ Use of Drugs or Alcohol | ☐ Vandalism |
| ☐ Possession of Weapon | ☐ Physical Assault or Harm | ☐ Theft of Property |
| ☐ Threats | ☐ Harassment or Bullying | ☐ Other, explain below |

Other: _____

Describe in detail what happened: _____

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Who else was made aware of the incident?

If there are more individuals involved, please attach extra pages.

Name: _____ Phone: _____

Address: _____ Town/City: _____

Postal Code: _____ Email: _____

If another individual was made aware of the incident, how were they informed?

☐ In-person ☐ Telephone ☐ Email

☐ Other (explain) _____

Date the individual was informed (day/month/year): _____

Please identify if another individual witnessed the incident

If there are more individuals who witnessed the incident, please attach extra pages.

Name: _____ Phone: _____

Address: _____ Town/City: _____

Postal Code: _____ Email: _____

Date File Closed: _____ Position: _____

Name: _____ Signature: _____

For Internal Use Only:

Action Taken

☐ Investigation Date: _____ ☐ Verbal Warning Date: _____

☐ Written Warning Date: _____ ☐ Letter of Trespass Date: _____

Appeal: ☐ NO ☐ YES Date: _____

Outcome: _____

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