



INCIDENT REPORT

Date of incident:
Time of incident:

Please print this form, complete it, and submit it to Brett Kostrzewski.

Location of Incident (suite and location within suite):

Persons Involved/Witnesses [insert category of relationship letter in * column] A. tenant B. visitor C. other			
*	Name	Phone	Company Name/Suite

Description of Property/Equipment [i.e., brand, model, license or serial number, color, year]

Description of Incident [WHO, WHAT, WHERE, WHY, HOW. Include all information in detail and attach a separate statement if required.]

Ambient Weather Conditions	
Temp:	Description [i.e., sunny, windy]:

Completed by:
Date/Time completed:

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