

**TENANT BASED
ADDISON COUNTY COMMUNITY TRUST
INCIDENT REPORT**

PROPERTY: _____

INCIDENT CONCERNING:
(Name of person(s) involved in incident)

#1 _____
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.: _____

Were Emergency Services contacted? (police, EMS, fire/rescue, etc.) YES NO

Check applicable category/categories

- Accident/Injury
- Disturbance
- Property Damage
- Alcohol/Drug

- Fire/Fire Alarm
- Tenant Safety
- Other: _____
- Other: _____

DATE: _____ TIME: _____ PLACE: _____

CIRCUMSTANCES: _____

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

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

ALL COMPLAINTS WILL REMAIN CONFIDENTIAL