

Incident Report

Report submitted by:		Date:
General Description:		Telephone:
Date of Incident:	Time of Incident:	
Address/Location of Incident:		
Was 911 called? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was this reported to the police? <input type="checkbox"/> Yes <input type="checkbox"/> No Officer Name		

Individuals involved in the incident (use additional sheet(s) if necessary)

Name:	Name:
<input type="checkbox"/> Victim or <input type="checkbox"/> Assailant or <input type="checkbox"/> Witness	<input type="checkbox"/> Victim or <input type="checkbox"/> Assailant or <input type="checkbox"/> Witness
Title:	Title:
Phone:	Phone:
Immediate Supervisor:	Immediate Supervisor:

Have each individual involved write a brief statement about what happened and attach to this form.

Describe Incident in Detail

Include what happened, where, who was involved, what you heard, saw, etc.

Report Received by: _____ Date: _____ Manager Name
