

SECURITY INCIDENT REPORT

Fillable incident report form — type in the boxes or print it blank. Write it the same shift, in your own words, facts only.



REPORT #	DATE OF INCIDENT	TIME STARTED	TIME ENDED	DATE / TIME REPORTED
----------	------------------	--------------	------------	----------------------

PROPERTY / CLIENT	EXACT LOCATION ON PROPERTY	POST / PATROL AREA
-------------------	----------------------------	--------------------

TYPE OF INCIDENT (CHECK ALL THAT APPLY)

- ☐ Theft / burglary ☐ Vandalism / damage ☐ Trespass ☐ Disturbance / fight ☐ Medical ☐ Injury / accident
☐ Fire / smoke / alarm ☐ Suspicious person / vehicle ☐ Vehicle incident ☐ Safety hazard ☐ Policy violation
☐ Other: _____

PEOPLE INVOLVED

NAME	ROLE (VICTIM / WITNESS / OTHER)	PHONE	DESCRIPTION (HEIGHT, BUILD, CLOTHING, ID)
------	---------------------------------	-------	---

NAME	ROLE (VICTIM / WITNESS / OTHER)	PHONE	DESCRIPTION (HEIGHT, BUILD, CLOTHING, ID)
------	---------------------------------	-------	---

NAME	ROLE (VICTIM / WITNESS / OTHER)	PHONE	DESCRIPTION (HEIGHT, BUILD, CLOTHING, ID)
------	---------------------------------	-------	---

VEHICLES (MAKE, MODEL, COLOR, PLATE, STATE)

WHAT HAPPENED — WHO, WHAT, WHEN, WHERE, HOW (FACTS ONLY)

ACTION TAKEN & NOTIFICATIONS

WHAT YOU DID (FIRST AID, CONTACTED, REMOVED, SECURED, PHOTOGRAPHED...)

POLICE CALLED? AGENCY / CASE #	FIRE / EMS CALLED?	CLIENT / SUPERVISOR NOTIFIED (NAME, TIME)
--------------------------------	--------------------	---

PHOTOS / VIDEO / EVIDENCE	PROPERTY DAMAGE / LOSS
---------------------------	------------------------

OFFICER NAME (PRINT)	LICENSE #	SIGNATURE	SUPERVISOR REVIEW
----------------------	-----------	-----------	-------------------