**TENANT INCIDENT REPORT**

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| --- | --- | --- | --- | --- |
| Reported by: |  |  | Date of report: |  |
| Title / role: |  |  | Incident no.: |  |
| Signature: |  |  | Reported to: |  |
| Inspected by: |  |  | Date of inspection: |  |
|  |  |  |  |  |

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| **Security incident information** | | | | | | |
| Incident type: |  | | | Date of incident: | |  |
| Property name: |  | | | Time of incident: | |  |
| Location: |  | | | | | |
| City: |  | State: |  | | Zip code: |  |
| **Specific area of incident (grounds, shared hallway, apt. Number, etc.):** | | | | | | |
|  | | | | | | |
| **Specific area of apartment (if applicable):** | | | | | | |
|  | | | | | | |
| **Incident description:** | | | | | | |
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| **Property damage description** | |
| Item damaged |  |
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|
| Description of damage |  |
|
| Estimated value |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal injury description** | | | | | | | | | | | | | | | |
| Head | | |  |  |  | | Left | | Right | |  | Description of injury | | |  |
| Face | | |  | Shoulder | |  | |  | |
| Neck | | |  | Arm pit | |  | |  | |
| Upper back | | |  | Upper arm | |  | |  | |
| Lower back | | |  | Lower arm | |  | |  | |
| Chest | | |  | Elbow | |  | |  | | Events leading to injury | | |  |
| Abdomen | | |  | Wrist | |  | |  | |
| Pelvis / groin | | |  | Hand | |  | |  | |
| Lips | | |  | Buttocks | |  | |  | |
| Teeth | | |  | Hip | |  | |  | |
| Tongue | | |  | Thigh | |  | |  | |
| Nose | | |  | Lower leg | |  | |  | | Existing physical conditions or impairment | | |  |
| Fingers | | |  | Knee | |  | |  | |
| Toes | | |  | Ankle | |  | |  | |
| Other: | | |  | Eyes | |  | |  | |
| Other: | | |  | Ears | |  | |  | |
| **Personal injury treatment *(if applicable)*:** | | | | | | | | | | | | | | | | |
| Professional medical treatment required? | | | | | | | | | | | | | | | | |
| Yes: | |  | | | | | | Hospital: | | | | | | | | |
| No: | |  | | | | | | Physician: | | | | | | | | |
| Ambulance / first responder: | | | | | |  | | | | | | | | | |
| Insurance if contractor or third party at fault: | | | | | | | | | | | | |  | | |
| **Name / contact of parties involved:** | | | | | | | | | | | | | | | | |
| 1. |  | | | | | | | | | | | | | | | |
| 2. |  | | | | | | | | | | | | | | | |
| 3. |  | | | | | | | | | | | | | | | |
| **Witness name / contact:** | | | | | | | | | | | | | | | | |
| 1. |  | | | | | | | | | | | | | | | |
| 2. |  | | | | | | | | | | | | | | | |
| 3. |  | | | | | | | | | | | | | | | |
| **Police report filed?** | | | | |  | | | | |  | | Precinct: | |  | | |
| Reporting officer: | | | | |  | | | | |  | | Phone: | |  | | |

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| **Follow-up action:** |
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