**TENANT INCIDENT REPORT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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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