**INCIDENT REPORT**

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| **REPORTED BY:** |  |  | **DATE OF REPORT:** |  |
| **TITLE / ROLE:** |  |  | **INCIDENT NO.:** |  |

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| **INCIDENT INFORMATION** |
| **INCIDENT TYPE:** |  |  | **DATE OF INCIDENT:** |  |
| **LOCATION:** |  |
| **CITY:** |  |  | **STATE:**  |  |  | **ZIP CODE:** |  |
| **SPECIFIC AREA OF LOCATION *(if applicable):*** |  |
|  |  |
| **INCIDENT DESCRIPTION** |
|  |
| **NAME / ROLE / CONTACT OF PARTIES INVOLVED** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **NAME / ROLE / CONTACT OF WITNESSES** |
| **1.** |  |
| **2.** |  |
| **3.** |  |

|  |  |  |  |  |
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| **POLICE REPORT FILED?** |  |  | **PRECINCT:** |  |
| **REPORTING OFFICER:** |  |  | **PHONE:** |  |

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| **FOLLOW-UP ACTION**  |
|  |
|  **SUPERVISOR NAME:** |  | **SUPERVISOR SIGNATURE:** |  | **DATE:** |  |