**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:** |  |