ALERT SECURITY
·Asset Protection·

INCIDENT REPORT FORM

Office: 206-932-6300
Dispatch: 206-932-6300
Fax: 206-932-6307
alertsecurity@comcast.net

Always Notify Supervisor/Dispatch of ALL Incidents When They Occur.

Location/Client: _____ **Date/Time:** _____
(Of Incident)

Incident Type:

☐ **Suspicious Activity/Person**	☐ **Vandalism**	☐ **Fire**	☐ **Alarm**
☐ **Damage to Property**	☐ **Safety Hazard**	☐ **Policy Violation**	☐ **Other**
☐ **Noise Disturbance**	☐ **Trespass**	☐ **Medical**	
☐ **Theft**	☐ **Police Involved**	☐ **Lighting**	

Incident (*Be sure to include when, where, who was involved, what happened and who was notified***) :**

Print Name: **Supervisor Notified:**

Signature: **Date:**