ALERT SECURITY
·Asset Protection·
www.alertsecurityap.com

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

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

Print Name: _____ **Supervisor Notified:** _____

Signature: _____ **Date:** _____