



INCIDENT REPORT FORM

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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) :

Lined area for incident description

Print Name: Supervisor Notified:

Signature: Date: