

INCIDENT REPORT FORM

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

Location/Client:		Date/Time:	
Incident Type:		(Of Incident)	
 ☐ 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):			
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-			
Print Name:		Supervisor Notified:	
Signature:		Date:	