

## 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)		
<ul> <li>☐ Suspicious Activity/Person</li> <li>☐ Damage to Property</li> <li>☐ Noise Disturbance</li> <li>☐ Theft</li> </ul>	<ul><li>□ Vandalism</li><li>□ Safety Hazard</li><li>□ Trespass</li><li>□ Police Involved</li></ul>	☐ Fire ☐ Polic ☐ Medic ☐ Light		☐ Alarr ☐ Othe	
Incident (Be sure to include when, where, who was involved, what happened and who was notified):					
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Print Name:		Supervisor Netifical			
Signature:		Supervisor Notified Date:			