

SECURITY INCIDENT REPORT

Date of Report: _____, 20__

Person(s) Involved

Name: _____

Role: ☐ Employee ☐ Visitor ☐ Contractor ☐ Other: _____

Department (if applicable): _____

Contact Information: _____

Name: _____

Role: ☐ Employee ☐ Visitor ☐ Contractor ☐ Other: _____

Department (if applicable): _____

Contact Information: _____

Incident Details

Date: _____

Time: _____ ☐ AM ☐ PM

Location: _____

Type of Incident: (Check all that apply)

☐ Unauthorized Access

☐ Theft or Vandalism

☐ Suspicious Behavior

☐ Physical Altercation

☐ Property Damage

☐ Trespassing

☐ Alarm Activation

☐ Other: _____

Describe the incident:

Witness(es)

Were there any witnesses to the incident? ☐ Yes ☐ No



Witness Name: _____

Contact Information: _____

Witness Name: _____

Contact Information: _____

Actions Taken

Were steps taken to contain or mitigate the incident? ☐ Yes ☐ No

Describe the actions taken to contain the incident:

Supporting Document

Are supporting documents attached?
☐ Yes ☐ No

Describe the supporting documents:

Reporting Person

Name: _____

Role: _____

Signature: _____

Date: _____

