# TASC + B2H Lease Violation / Incident Report Form

Instructions: This form must be completed by the landlord or property representative whenever a lease violation or behavioral incident occurs. Submit this report to the TASC Case Manager within 24 hours of the event. In case of emergency or immediate risk, call the 24-hour hotline.

## Section 1: General Information

Landlord/Property Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tenant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit #: \_\_\_\_\_\_\_\_\_\_\_\_

Date of Report: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

Time of Incident: \_\_\_\_ : \_\_\_\_ AM/PM

## Section 2: Type of Report

☐ Lease Violation  
☐ Mental Health Incident  
☐ Substance Use Incident  
☐ Police Involvement  
☐ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 3: Incident Description

Provide a detailed description of the incident or lease violation. Include the context of the situation, individuals involved, observable behaviors, and any escalation or de-escalation attempts made.

## Section 4: Threat Assessment

☐ Client posed a threat to themselves (e.g., suicidal ideation or behavior)

☐ Client posed a threat to others (e.g., violent behavior or threats)

☐ No immediate threat observed

Details/Explanation:

## Section 5: Immediate Action Taken

Describe any actions taken immediately in response to the incident. Include emergency contacts made, support engaged, or temporary measures implemented.

## Section 6: Support Requested from TASC

☐ On-site crisis response  
☐ Case manager follow-up  
☐ Emergency mental health referral  
☐ Temporary relocation assistance  
☐ Hotline callback  
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 7: Prior History

Has this tenant had prior incidents or lease violations? ☐ Yes ☐ No

If yes, please summarize previous events:

## Section 8: Additional Notes or Observations

## Submitted By

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_