

INCIDENT REPORT TEMPLATE

REPORTED BY: _____ DATE OF REPORT: _____
TITLE/ROLE: _____ INCIDENT NO.: _____

INCIDENT INFORMATION

INCIDENT TYPE: _____ DATE OF INCIDENT: _____
LOCATION: _____
CITY: _____ STATE: _____ ZIP CODE: _____
SPECIFIC AREA OF LOCATION (IF POSSIBLE): _____

INCIDENT DESCRIPTION:

NAME/ROLE/CONTACT OF PARTIES INVOLVED:

1. _____
2. _____
3. _____

NAME/ROLE/CONTACT OF WITNESSES:

1. _____
2. _____
3. _____

POLICE REPORT FILED? _____ PRECINCT: _____
REPORTING OFFICER: _____ PHONE NUMBER: _____

FOLLOW UP ACTION:

SUPERVISOR NAME: _____ SUPERVISOR SIGNATURE: _____
DATE: _____