# ****Incident Report Form Template****

This form must be completed accurately and promptly after an incident. Ensure all sections are filled out to the best of your ability.

## ****Incident Details****

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Incident Reference Number (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## ****Reporting Officer Details****

**Officer’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Badge/SIA Licence Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Employer/Security Company:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Other Officers Present:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## ****Incident Type (Tick as appropriate)****

☐ Physical Altercation / Assault  
☐ Theft / Criminal Damage  
☐ Suspicious Behaviour  
☐ Intoxicated / Disorderly Conduct  
☐ Search & Contraband Discovery  
☐ Medical Emergency / First Aid Provided  
☐ Trespassing / Unauthorised Access  
☐ Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## ****Incident Description****

(Provide a **detailed, objective account** of the events, including **who was involved, what occurred, any actions taken, and the outcome**. Use factual observations, avoiding personal opinions.)

## ****Persons Involved****

1. **Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   **Contact Details (if available):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   **Involvement:** (e.g. Suspect, Victim, Witness, Other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   **Contact Details (if available):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   **Involvement:** (e.g. Suspect, Victim, Witness, Other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## ****Actions Taken****

☐ Verbal Warning Issued  
☐ Ejected from Premises  
☐ Law Enforcement Contacted (Police Report No: \_\_\_\_\_\_\_\_\_\_\_\_)  
☐ Medical Assistance Provided (Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  
☐ Supervisor/Management Notified  
☐ Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## ****Witness Statement****

(If applicable, a brief statement from any witnesses regarding what they observed.)

**Witness Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Contact Information (if available):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statement:**

## ****Evidence Collected****

☐ CCTV Footage Available  
☐ Photographs Taken  
☐ Written Statements Collected  
☐ Other Evidence (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## ****Officer & Supervisor Signatures****

**Reporting Officer’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_  
**Supervisor’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_