# ****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:** \_\_\_\_\_\_\_\_\_\_