

INCIDENT REPORT FORM

Office: 254-753-0770

Dispatch:

Fax: 775-337-1617 alertsecurity@comcast.net

Always Notify Supervisor/Dispatch of ALL Incidents When They Occur.

| Location/Client: | | Date/Time: | |
|--|--|--|--------------------|
| Incident Type: | | (Of Incident) | |
| ☐ Suspicious Activity/Person ☐ Damage to Property ☐ Noise Disturbance ☐ Theft | □ Vandalism□ Safety Hazard□ Trespass□ Police Involved | ☐ Fire ☐ Policy Violation ☐ Medical ☐ Lighting | ☐ Alarm ☐ Other |
| Incident (Be sure to include when, where, who was involved, what happened and who was notified): | | | |
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| Print Name: | | Supervisor Notified: | |
| Signature: | | Date: | |