



INCIDENT REPORT FORM

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

Location/Client:

Date/Time:
(Of Incident)

Incident Type:

- 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) :

Lined area for incident description

Print Name: Supervisor Notified:
Signature: Date: