



INCIDENT REPORT FORM

Office: 503-629-1029

Dispatch: 503-629-1029

Fax: 503-629-1033

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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) :

Multiple horizontal lines for incident description.

Print Name: _____ Supervisor Notified: _____

Signature: _____ Date: _____