

SECURITY TEAM INCIDENT REPORT



Date of Incident: _____ Time of Incident: _____

Location of incident: _____

Incident Type: Suspicious Medical Domestic Dispute Disorderly Person
 Service Interruption Custody Issue Assault Vandalism

Other: _____

Was anyone visibly injured in the incident? Yes No

Was a person under 18 years of age involved in this incident? Yes No

Was law enforcement called to this incident? Yes No

If yes, provide the agency case number if given: # _____

Was medical or fire called to this incident? Yes No

Briefly describe the nature of this incident:

Person ONE: Victim of Incident Perpetrator Suspicious Witness
 Volunteer Involved Person who complained

Name: _____ Residence Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____

Person is child? Yes No If yes then age: _____

Person is guardian/parent of child? Yes No

If Vehicle involved in incident describe details known: Yr.: _____ Make: _____
Model: _____

Circle one: 2 door 4 door pickup van wagon color of vehicle: _____

Vehicle License plate: _____ State License plate from: _____
Other descriptors of vehicle: _____

Further reporting information on reverse side of this sheet



Person TWO: Victim of Incident Perpetrator Suspicious Witness
 Volunteer Involved Person who complained

Name: _____ Residence Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Person is child? Yes No **If yes then age:** _____

Person is guardian/parent of child? Yes No

Person THREE: Victim of Incident Perpetrator Suspicious Witness
 Volunteer Involved Person who complained

Name: _____ Residence Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Volunteer / Ministry Leader / Usher / Security / Staff involved or witness to incident:

Name: _____ Injured? Yes No Daytime phone: _____

Name: _____ Injured? Yes No Daytime phone: _____

Name: _____ Injured? Yes No Daytime phone: _____

Name: _____ Injured? Yes No Daytime phone: _____

Provide further details of this incident (use additional sheets of paper if necessary):

Are you attaching another sheet of paper to this report to continue the details of this incident?

Yes No



MEDICAL TREATMENT / HOSPITALIZATION

Transported to Hospital? Yes No

If Yes, which Hospital? _____

If yes, how were individuals transported to hospital?

Ambulance _____ Personally Owned Vehicle (POV) _____

Provide further details of this incident (use additional sheets of paper if necessary):

REPORTING PERSON

Name: _____ Your role/function at time of incident: _____

Daytime phone: _____ Evening phone: _____

Signature of Reporting Person: _____ Date of Report: _____

Based on this incident, who should receive a copy of this incident report?

Staff Insurance Company Local Churches Security Leader Lead Usher
 Local Police Local Sheriff's Office Ministry Leaders Other: _____

FOR OFFICE STAFF USE ONLY

Date report received: _____ Received by: _____

Incident report copies sent to the following locations as requested:

Staff Insurance Company Local Churches Security Leader Lead Usher
 Local Police Local Sheriff's Office Ministry Leaders Other: _____

Copies distributed by: _____ Date completed: _____

Other Copies of report requested:

Date: _____ Requesting Person/Organization: _____ Sent: _____

Date: _____ Requesting Person/Organization: _____ Sent: _____

Date: _____ Requesting Person/Organization: _____ Sent: _____

