

INCIDENT REPORT

Type of Incident:

- Theft of corporate property Bodily injury to non-employee Undesirable person(s)
 Bomb/bomb threat Civil disorder Other: _____

Where did incident occur? _____

Incident reported to:

Name: _____ Position/Title: _____

Date: _____ Time: _____ am/pm

Location of incident: _____

Were the police notified? Yes No Time notified: _____ am/pm

Did they respond? Yes No Time responded: _____ am/pm

Police officer: _____ Phone Number: _____

Badge Number: _____ Case Number: _____

Was insurance company notified? Yes No

If yes, time notified: _____ am/pm Date: _____

Representative contacted: _____ Title: _____

Description of incident: _____

Did incident involve employee(s)? Yes No

If Yes,

Employee Name: _____ Phone: _____

Address: _____

Other Employees Involved – Name and Contact Information:

Witness #1 Name: _____

Home Address: _____

Phone Number: _____

Witness # 2 Name: _____

Home address: _____

Phone Number: _____

Person preparing report (print)

Title

Signature

Date