Security Incident Report

Report no. _____

For security officers on site

CLIENT / SITE			
EXACT LOCATION			
INCIDENT DATE		INCIDENT TIME	____:____
REPORT WRITTEN	Date _____ Time ____:____	SEVERITY	☐ Low ☐ Medium ☐ High

TYPE OF INCIDENT

☐ Trespass	☐ Theft	☐ Vandalism	☐ Break-in
☐ Suspicious person	☐ Suspicious vehicle	☐ Fire or alarm	☐ Medical
☐ Injury	☐ Property damage	☐ Safety hazard	☐ Other: _____

PEOPLE INVOLVED

NAME OR DESCRIPTION	ROLE (SUSPECT, VICTIM, EMPLOYEE, VISITOR)	CONTACT

WITNESSES

NAME	CONTACT	STATEMENT TAKEN?

WHAT HAPPENED (FACTS, IN TIME ORDER, 24-HOUR CLOCK)

ACTION TAKEN

WHO WAS NOTIFIED

WHO	NAME	TIME	REFERENCE / REPORT NO.
Police			
Fire / EMS			
Supervisor			
Client contact			

EVIDENCE

☐ Photos (number: ___) ☐ CCTV requested ☐ Items kept ☐ Written statements

DAMAGE OR LOSS

SIGN-OFF

OFFICER NAME / ID	SIGNATURE
SUPERVISOR REVIEW	DATE

Free security incident report template from patrolsheet.com. Copy and change it as you need.