

# Incident Report Template

REPORTED BY:

DATE OF REPORT:

TITLE/ROLE:

INCIDENT NO:

## INCIDENT INFORMATION

INCIDENT TYPE:

DATE OF INCIDENT:

LOCATION:

CITY:

STATE:

ZIP CODE:

SPECIFIC AREA OF LOCATION (*if applicable*):

INCIDENT DESCRIPTION:

NAME/ROLE/CONTACT OF PARTIES INVOLVED

- 1.
- 2.
- 3.

NAME/ROLE/CONTACT OF WITNESS

- 1.
- 2.
- 3.

POLICE REPORT FILED?:

PRECINCT:

REPORTING OFFICER:

PHONE:

FOLLOW UP ACTION

SUPERVISOR  
NAME:

SUPERVISOR  
SIGNATURE: \_\_\_\_\_ DATE: