

SECURITY GUARD INCIDENT REPORT

Report Number: _____ Time of Report: _____

Security Guard Information:

Full Name: _____

Employee ID: _____

Shift Time: _____

Contact Information: _____

Incident Details:

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

Type of Incident: _____

Persons Involved: _____

Witnesses: _____

Detailed Description of Incident:

Provide a detailed account of the incident including all relevant facts, observations, and actions taken by the security guard. Include descriptions of behavior, environment, and any other pertinent details.

Actions Taken:

Describe the immediate actions taken by the security guard or other personnel in response to the incident, including notifications, detentions, and any assistance provided.

Property Damage or Loss:

Detail any property damage or loss resulting from the incident. Include descriptions, estimated values, and locations of damage.

Police or Emergency Services Notified:

Yes No

If yes, specify agency and report number: _____

Include any additional information relevant to the incident or report that has not been covered above.

SECURITY GUARD SIGNATURE

SUPERVISOR SIGNATURE

Signature: _____

Signature: _____

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