# ****Incident Reporting and Documentation Template****

## ****Incident Details****

* **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Incident Reference Number (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## ****Reporting Officer Details****

* **Officer’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Badge/SIA Licence Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Employer/Security Company:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Other Officers Present:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## ****Incident Type (Tick as appropriate)****

☐ Security Breach  
☐ Suspicious Behaviour  
☐ Theft / Criminal Damage  
☐ Search & Contraband Discovery  
☐ Intoxicated / Disorderly Conduct  
☐ Physical Altercation / Assault  
☐ Medical Emergency / First Aid Provided  
☐ Safeguarding Concern  
☐ Terror Threat / Suspicious Package  
☐ Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## ****Incident Description****

(Provide a detailed, objective account of the events, including who was involved, what occurred, any actions taken, and the outcome. Use factual observations, avoiding personal opinions.)

## ****Persons Involved****

**1.Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + **Contact Details (if available):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + **Involvement:** (e.g. Suspect, Victim, Witness, Other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * **Contact Details (if available):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * **Involvement:** (e.g. Suspect, Victim, Witness, Other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## ****Actions Taken****

☐ Verbal Warning Issued  
☐ Ejected from Premises  
☐ Law Enforcement Contacted (Police Report No: \_\_\_\_\_\_\_\_\_\_\_\_)  
☐ Medical Assistance Provided (Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  
☐ Supervisor/Management Notified  
☐ Safeguarding Report Made  
☐ Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## ****Search & Seizure (If Applicable)****

* **Reason for Search:** ☐ Suspicion of Theft ☐ Safety Concern ☐ Other: [Specify]
* **Consent Given?** ☐ Yes ☐ No
* **Items Found:** ☐ Yes ☐ No
  + If Yes, list items: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Witness to Search:** [Name & Badge Number]

## ****Safeguarding Case (If Applicable)****

* **Nature of Concern:** ☐ Vulnerable Person ☐ Child Protection ☐ Domestic Abuse ☐ Other
* **Action Taken:** ☐ Reported to Safeguarding Team ☐ Escalated to Police/Social Services
  + **If Escalated, Case Reference Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Was the individual left in a safe place?** ☐ Yes ☐ No

## ****Terror Threat (If Applicable)****

* **Nature of Threat:** ☐ Suspicious Package ☐ Hostile Surveillance ☐ Direct Threat ☐ Other
* **Description of Suspect:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Immediate Actions Taken:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Police or CTU Notified?** ☐ Yes ☐ No
  + **Time of Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + **Reference Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## ****Witness Statement**** (If applicable, a brief statement from any witnesses regarding what they observed.)

* **Witness Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Contact Information (if available):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Statement:**

## ****Evidence Collected****

☐ CCTV Footage Available  
☐ Photographs Taken  
☐ Written Statements Collected  
☐ Other Evidence (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## ****Further Actions Required****

☐ Follow-up Investigation  
☐ Additional Security Measures Required  
☐ Disciplinary Action Recommended  
☐ No Further Action

## ****Officer & Supervisor Signatures****

* **Reporting Officer’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Supervisor’s Name & Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_