INCIDENT REPORT FORM
FOR VIOLENT OR THREATENING BEHAVIOR
(Photocopy as needed)

Date ____________
Type of Incident: _______________________________ Agency: __________
Location:_______________________City:_____________
County:__________
Purpose of agency contact:_________________________________________
Threatened Party:___________________________________________________
Reported by: ___________________ Signature:_________________________
Incident Date:__________ Time:_________ AM PM
Repeat Occurrence? Y N
Witness 1: _______________________________ Phone no: ______________
Witness 2: _______________________________ Phone no: ______________
Describe incident:

Suspect: _______________________________ Business: ____________________
Vehicle Lic. #:____________ St: ____ Yr: ______ Make: ______ Color: ______
Veh. Description: __________________________ Gun/Drug/Alcohol? _______
Accomplices: names/gang/group: ___________________ Supervisor notified: Name ____________________ Date: ______ Time: _____
Law enforcement notified: __________________Date: ______ Time: _____

Attached pages ______