

**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 \_\_\_\_\_