

Security Incident Report

One report per incident. Facts, times and names — no conclusions.

Template by CGuardPro
Free to copy, rebrand and edit

1. REPORT CONTROL

Report number	
Date and time report written	
Written by (print name)	
Officer license / ID number	
Supervisor reviewing	
Related DAR entry / ref	

2. WHEN AND WHERE

Client / account	
Site (address)	
Exact location on site	
Date of incident	
Time incident started	
Time incident ended (or ongoing)	
How the officer became aware	
Weather / lighting conditions	

3. INCIDENT TYPE (TICK ALL THAT APPLY)

☐ Trespass	☐ Theft / loss	☐ Property damage	☐ Medical
☐ Injury	☐ Fire / alarm	☐ Disturbance	☐ Vehicle
☐ Safety hazard	☐ Suspicious activity	☐ Use of force	☐ Other: _____

4. SEVERITY (USE YOUR COMPANY'S DEFINITIONS)

☐ Low	☐ Medium	☐ High	☐ Critical
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5. PEOPLE INVOLVED

Role (subject / victim / witness / employee)	Full name	Contact / ID	Description (height, clothing, etc.)	Statement?
EXAMPLE: Witness	(name)	(phone)	Loading dock employee, saw subject at gate	Y

6. VEHICLES INVOLVED

Plate and state	Make / model / color	Where seen	Role in incident

7. NARRATIVE

Write in the order it happened, in the first person, with a time on every step. Record what you saw, heard and did — not what you think it means. Quote exact words in quotation marks. Say who else was present.

8. ACTIONS TAKEN AND NOTIFICATIONS

Who was notified (police / EMS / fire / client / supervisor)	Name / badge no.	Time	Method	Reference no.

9. EVIDENCE

Item no.	Type (photo / video / CCTV / physical)	Description	Captured by	Time	Stored where

10. USE OF FORCE (ONLY IF APPLICABLE)

SECTION 10 IS POLICY-DEPENDENT. Complete it only if force was used, and only as your company use-of-force policy, state law, licensing rules and the client contract require. Your policy governs what is recorded and who reviews it — this outline does not replace it.

Was force used? (Y / N)	
Type of force / tool (policy terms)	
Reason force was used	
Injuries observed — officer	
Injuries observed — subject	
Medical aid offered / provided	
Law enforcement responded? (agency, report no.)	
Supervisor notified (name, time)	

11. SIGN-OFF

Officer signature / date / time	
Supervisor name	
Supervisor decision (accepted / returned)	
Supervisor signature / date / time	
Copy sent to client (date, to whom)	

Blank template. Check it against your state licensing rules, your insurer and your client contract before use.