



SECURITY INCIDENT REPORT FORM

**Complete the form as soon as possible post-incident.
Submit to LifeWays Safety Management Administrator within 24 hours.**

Date of Incident:		Time of Incident:	
Person Filling Out Form:			
Location:	<input type="checkbox"/> Jackson <input type="checkbox"/> Hillsdale	Shift:	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd
Event Type: (check all that apply)	<input type="checkbox"/> Alarm <input type="checkbox"/> Assault <input type="checkbox"/> Fall <input type="checkbox"/> Theft <input type="checkbox"/> Consumer-Related <input type="checkbox"/> Other: _____ Injuries <input type="checkbox"/> If yes, describe: _____ Property Loss or Damage <input type="checkbox"/> If yes, describe: _____ _____		
Was ambulance <input type="checkbox"/> , fire dept. <input type="checkbox"/> , and/or police <input type="checkbox"/> involved? Police Report #: _____			
Subject(s) Involved: If a consumer, use their initials or consumer # only. If an employee, use their work address and phone only. Victim <input type="checkbox"/> Complainant <input type="checkbox"/> Suspect <input type="checkbox"/> Witness <input type="checkbox"/> Name: _____ Phone: _____ Address: _____			
Subject(s) Involved: If a consumer, use their initials or consumer # only. If an employee, use their work address and phone only. Victim <input type="checkbox"/> Complainant <input type="checkbox"/> Suspect <input type="checkbox"/> Witness <input type="checkbox"/> Name: _____ Phone: _____ Address: _____			
Subject(s) Involved: If a consumer, use their initials or consumer # only. If an employee, use their work address and phone only. Victim <input type="checkbox"/> Complainant <input type="checkbox"/> Suspect <input type="checkbox"/> Witness <input type="checkbox"/> Name: _____ Phone: _____ Address: _____			

Complete narrative (description of the incident) on next page.

Narrative Report

Date of Incident:

Person Filling Out Form:

Incident Narrative:

(Use additional sheets if necessary)

Follow-up actions conducted:

Further follow-up action required:

Signature (Typed name is acceptable):

Date: