



INCIDENT REPORT FORM

Today's date: _____

Citizen Name: _____ Phone: _____

Street Address: _____

City/State/Zip: _____

Date of Incident: _____ Location of Incident: _____

Incident (be specific and include all details): _____

Internal Use Only

Taken by: _____ Date: _____

Department: _____

Referred to: _____

Action Taken: _____ Date: _____

Comments: _____

Follow-up with Citizen: Yes _____ No _____ Method of Follow-up _____