|  |
| --- |
| Type of Incident (e.g., threat, assault, vandalism) |
| Incident Date | Time🞏 a.m. 🞏 p.m. | Location (e.g., room, area) |

Customer Information

|  |  |
| --- | --- |
| Customer Name (First and Last)  | Phone Number |
| Customer Address City State Zip |

Describe the incident in detail

Include police, paramedic, or other officer involvement. Attach additional narrative or documentation as necessary.

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|  |

Incident Reported By:

|  |  |
| --- | --- |
| Name (First and Last)  | Phone Number |
| Address City State Zip |

Witnesses:

|  |  |
| --- | --- |
| Witness 1 Name (First and Last)  | Phone Number |
| Witness 2 Name (First and Last)  | Phone Number |

Office Use Only

Staff Name Receiving Report Signature Date & Time

AJCC Manager Name Signature Date & Time

Outcome

|  |  |
| --- | --- |
| Who was Notified? | Date & Time of Notification |