

# Sterling Towers Security Incident report

Complete a separate form for each incident

Remember that failure to report an incident could result in someone else being put at risk in the future.

This form should be used for each occasion of

- Aggressive behaviour
- Verbal abuse
- Destruction of equipment or property (or threats of)
- Physical assault (or threats of)

Name of person completing the form: \_\_\_\_\_

Position title: \_\_\_\_\_

Date of incident : \_\_\_\_\_

Time: \_\_\_\_\_ am/pm

Location of incident: \_\_\_\_\_

What was taking place when the incident occurred? \_\_\_\_\_

\_\_\_\_\_

Other persons present at the time: \_\_\_\_\_

Name of perpetrator if known, or description if unknown: \_\_\_\_\_

\_\_\_\_\_

Was the perpetrator

A person who is known to the service (ie client)

A person unknown to the service

A patron from Canad Inns

Other \_\_\_\_\_

\_\_\_\_\_

What happened \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who was the incident aimed at

- Persons unknown
- Owner
- Guest of Sterling Towers
- Staff member/s
- Property ie: vehicles
- Other \_\_\_\_\_

Was any property or equipment damaged    Yes        No

If yes, details of damage: \_\_\_\_\_

What action did staff or volunteers take, if any, to try and address the situation?

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What action did staff take, if any, to try and address the situation **during or after** the incident?

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Has the incident been reported to the appropriate supervisor?    Yes        No

Follow up action required: \_\_\_\_\_

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Signed: \_\_\_\_\_

Date: \_\_\_\_\_