

Workplace Security Incident Report

Date of Report

Time of Report

Name of Reporter

Department

Contact Information

Date of Incident

Time of Incident

Location of Incident

Type of Incident

e.g. Theft, Property Damage, Unauthorized Access

Description of Incident

Persons Involved (Names & Roles)

Witnesses (If Any)

Immediate Actions Taken

Authorities Notified (If Any)

Additional Notes / Comments

Reporterâ€™s Signature

Date