METRO SECURITY SERVICES INCIDENT REPORT

Name of Person Involved: _____

Address: _____

Phone: _____ **Age:** _____ **Sex:** _____

Date & Time of Incident: _____

Location: _____

Was injury, illness, impairment or intoxication involved? (*describe if Yes*): _____

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Description of Incident (*include names of all persons involved; nature of incident; if injury or illness, name of hospital/physician used; names & addresses of witnesses; and a narrative of what occurred. If needed, use the back of this sheet.*)_____

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Final Disposition (*how incident will be handled; any next steps required; &/or likely outcomes*):

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Disposition, *cont'd:*

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Print Name of Officer Submitting this Report: _____

Signature of Officer Submitting this Report: _____

Date of Report: _____ **Date forwarded to Metro HQ:** _____

NOTE: *Immediately after an incident, notify supervisor &/or office by telephone, text or email. This Form MUST be completed and submitted within 48 hours of the occurrence of the incident.*

Office phone and email address are: (404) 541-9779 & metro@metrosecurityservice.comcastbiz.net

Description, *cont'd if needed:*

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(use additional pages if needed)