HOTEL INCIDENT REPORT

Report Number: _____ Date of Incident _____

Hotel / Property Name:_____

Property Address:_____

Location of Incident (Floor/Room/Area):_____

Type of Incident: Time of incident::_____

- ☐ Noise Complaint
- ☐ Medical Emergency
- ☐ Disorderly Conduct
- ☐ Unauthorized Entry
- ☐ Stolen Property
- ☐ Property Damage
- ☐ Trespassing
- ☐ Suspicious Person
- ☐ Fire Alarm / Safety Issue
- ☐ Guest Dispute

Description of Incident:

Action Taken by Security:_____

_____

_____

_____

_____

Agency Notified: ○ Police dept. ○ Fire dept. ○ EMS. ○ Other Agency

Officer Name:_____ Badge #:_____ Vehicle:_____

SG signature: _____ I.D. #: _____

Supervisor Signature: _____ I.D. #: _____