



BLACK FLAG SECURITY
LEADERS IN PROTECTIVE SERVICES

Corporate Incident Report Form

1. Incident Information

Date of Incident: _____

Time of Incident: _____

Location / Building: _____

Specific Area: _____

Type of Incident:

Safety Hazard Security Breach Workplace Violence / Threat Visitor Issue

Property Damage Suspicious Activity Medical Emergency Theft / Loss

Policy Violation Other: _____

2. Reporting Officer Information

Officer Name: _____

Badge/ID Number: _____

Shift: Morning Midday Afternoon Evening

Contact Number: _____

3. Individuals Involved

Name	Role	Contact Info	Injured?	Notes
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_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

4. Witnesses

Name	Contact Info	Statement Taken?	Notes
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

5. Narrative Description of Incident

6. Immediate Actions Taken by Officer

- Secured area
- Notified supervisor
- Notified corporate admin
- Called 911
- Rendered first aid
- Collected statements
- Preserved evidence
- Monitored subject
- De-escalated situation
- Other: _____

Description of actions:

7. Additional Notifications

Person/Dept Notified	Time	Method	Notes
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Supervisor _____ Radio Phone _____
 Email

Corporate Admin _____ Radio Phone _____
 Email

HR Department _____ Radio Phone _____
 Email

Law Enforcement _____ Radio Phone _____
 Email

8. Evidence & Documentation

- Photos Taken
- Video Footage Marked for Export
- Camera Timestamp Verified
- Physical Evidence Collected
- Witness Statements Attached

Describe Evidence:

9. Injury & Medical Summary

Injury Type: _____

First Aid Provided By: _____

EMS Response:

- Not Requested
- Requested – Arrival Time: _____
- Transported to Hospital

Injury Notes:

10. Follow-Up Actions Required

- Supervisor Investigation
- HR Review
- Safety Review
- Corrective Maintenance

- Camera Footage Export
- Policy Revision Consideration
- Training Required
- Additional Monitoring

Details:

11. Officer Statement of Accuracy

I certify that the information provided is accurate and complete.

Officer Signature: _____ Date: _____

12. Supervisor Review

Supervisor Name: _____

Review Date: _____

Supervisor Notes:

Supervisor Signature: _____