**Tenant Incident Report Template**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **REPORTED BY:** |  |  | **DATE OF REPORT:** |  |
| **TITLE / ROLE:** |  |  | **INCIDENT NO.:** |  |
| **SIGNATURE:** |  |  | **REPORTED TO:** |  |
|  |  |  |  |  |
| **INSPECTED BY:** |  |  | **DATE OF INSPECTION:** |  |
|  |  |  |  |  |

|  |
| --- |
| **SECURITY INCIDENT INFORMATION** |
| **INCIDENT TYPE:** |  |  | **DATE OF INCIDENT:** |  |
| **PROPERTY NAME:** |  |  | **TIME OF INCIDENT:** |  |
| **LOCATION:** |  |
| **CITY:** |  |  | **STATE:**  |  |  | **ZIP CODE:**  |  |
| **SPECIFIC AREA OF INCIDENT *(grounds, shared hallway, apt. number, etc.):*** |  |
| **SPECIFIC AREA OF APARTMENT *(if applicable)*:** |  |
|  |  |
| **INCIDENT DESCRIPTION:** |
|  |
|  |
|

|  |
| --- |
| **PROPERTY DAMAGE DESCRIPTION** |
| **ITEM DAMAGED** |  |
|
|
|
| **DESCRIPTION OF DAMAGE** |  |
|
| **ESTIMATED VALUE** |  |
|
| **ITEM IMAGE** | Provide link or attach image, including photographer name |
| **INCIDENT IMAGE** | Provide link or attach image, including photographer name |
|

 |

|  |
| --- |
| **PERSONAL INJURY DESCRIPTION** |
| **HEAD** |  |  |  | **LEFT** | **RIGHT** |  | **DESCRIPTION OF INJURY** |  |
| **FACE** |  | **SHOULDER** |  |  |
| **NECK** |  | **ARM PIT** |  |  |
| **UPPER BACK** |  | **UPPER ARM** |  |  |
| **LOWER BACK** |  | **LOWER ARM** |  |  |
| **CHEST** |  | **ELBOW** |  |  | **EVENTS LEADING TO INJURY** |  |
| **ABDOMEN** |  | **WRIST** |  |  |
| **PELVIS / GROIN** |  | **HAND** |  |  |
| **LIPS** |  | **BUTTOCKS** |  |  |
| **TEETH** |  | **HIP** |  |  |
| **TONGUE** |  | **THIGH** |  |  |
| **NOSE** |  | **LOWER LEG** |  |  | **EXISTING PHYSICAL CONDITIONS OR IMPAIRMENT** |  |
| **FINGERS** |  | **KNEE** |  |  |
| **TOES** |  | **ANKLE** |  |  |
| **OTHER:** |  | **EYES** |  |  |
| **OTHER:** |  | **EARS** |  |  |
| **PERSONAL INJURY TREATMENT *(If applicable)*:** |
|  |  |
| **PROFESSIONAL MEDICAL TREATMENT REQUIRED?** | **YES:** |  |  | **HOSPITAL:** |  |
|  |  |  |  |  |
| **NO:** |  |  | **PHYSICIAN:** |  |
| **AMBULANCE / FIRST RESPONDER:** |  |
| **INSURANCE IF CONTRACTOR OR THIRD PARTY AT FAULT:** |  |
|  |  |  |
| **NAME / CONTACT OF PARTIES INVOLVED:** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **WITNESS NAME / CONTACT:** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **POLICE REPORT FILED?** |  |  | **PRECINCT:** |  |
| **REPORTING OFFICER:** |  |  | **PHONE:** |  |

|  |
| --- |
| **FOLLOW-UP ACTION:**  |
|  |