

Security Incident Report

Today's date _____ Report type ☐ Original ☐ Supplement or Follow-up

Type of incident _____ Report completed by _____ Title _____

Building name _____ Address _____

Agency _____ Department _____ Office location _____

Department phone _____ Email _____ Incident date _____ Time of incident _____

Date Reported _____ Time Reported _____ Number of parties involved _____

Incident Reported by _____ Title _____ Phone _____

Incident Location _____ Number of witnesses _____ Number of staff witnesses _____

Name of Subject (1) _____ Subject (1) Address _____

Telephone _____ E-mail _____

Claimant ID _____ Moses ID _____ Subject gender _____

Name of Subject (2) _____ Subject (2) Address _____

Telephone _____ Email _____

Claimant ID _____ Moses ID _____ Subject gender _____

Witness (1) first name _____ Witness (1) Last name _____

Relationship _____ Witness type _____ Witness gender _____

Witness telephone _____ Email _____ Claimant / MOSES ID _____

Witness (1) Address _____

Witness (2) first name _____ Witness (2) Last Name _____

Relationship _____ Witness type _____ Witness gender _____

Witness telephone _____ Email _____ Claimant/ MOSES ID _____

Witness (2) Address _____

Narrative

Notification _____ Evidence ☐ Yes ☐ No Type of evidence _____

Email the completed form to ICID@MassMail.State.MA.US