



## Commonwealth of Massachusetts

Bureau of the State House  
State House, Room 1  
Boston, MA 02133  
617-727-1100

### Incident Report Form

Please fill in applicable spaces on Page 1 and 2 and provide narrative information on Page 3. Completed reports should be promptly submitted to the Director of Security, Bureau of the State House.

#### Incident Details

Date of Incident:

Time of Incident:

Date of Report:

Report Completed by:

Location of Incident (Specific):

Type of Incident (Check all that apply):

Injury

Theft

Security Issue

Motor Vehicle  
Accident

Vandalism

Assault

Fire

Threat

Other (Please specify):

Involved Party Name:

Telephone Number:

Agency Name:

Visitor:

Witness:

Witness 1:

Telephone Number:

Witness 2:

Telephone Number:

Injuries sustained? If yes, please describe:

Police/Fire/EMS Notified?

Name of Person Notified:

BSH Staff Notified?

Name of Person Notified:

Incident #

Page 1 of 4



## Commonwealth of Massachusetts

Bureau of the State House  
State House, Room 1  
Boston, MA 02133  
617-727-1100

Complaint Against:

Agency/Visitor:

Sex:

Age:

Eye Color:

Race:

Height:

Other Identifiers:

Please continue to the next page for Incident Report Narrative. The remaining fields on this page should only be completed by Bureau of the State House personnel.

Date:

Referred to:

Received:

Comments:

Completed by:

Date:

Incident #

Page 2 of 4



## **Commonwealth of Massachusetts**

Bureau of the State House

State House, Room 1

Boston, MA 02133

617-727-1100

### **Incident Report Form: Narrative of Events/Incident**

Narrative Submitted by:

Date:



## Commonwealth of Massachusetts

Bureau of the State House  
State House, Room 1  
Boston, MA 02133  
617-727-1100

### Incident Report Form: After Action Report

This page should only be completed by Bureau of the State House personnel

Event

Response

Comments

Recommendations/Action

Submitted by:

Date: