

INCIDENT RECORD			
Matter			
Date		Time	
Location			
Advised Police	Yes / No	Time called	Police attended Yes / No
NAME, RANK AND NUMBER OF POLICE OFFICER[S] ATTENDING			
POLICE COMMENTS			
CCTV downloaded [please note download CCTV at time of incident or as soon thereafter as possible]	KEEP A COPY OF DOWNLOADED CCTV FOR YOURSELVES AND YOUR LAWYERS		
	yes	no	Copy given to police -date
	Description of Incident ALL STAFF please insert as much info as possible		

INCIDENT RECORD

include names of person[s] or description of persons involved including staff/stewards/police

include full description of what happened

include how you felt at time e.g. scared; alarmed for safety of others;

use separate sheet if required

NAME block capitals

Signature

SIA Badge / **Personal Licence Number**

if personal licence holder/ SIA badge holder only