**TENANT INCIDENT REPORT FORM SAMPLE**

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** | | | | | | | | | | |
|  | | | | | | | | | | |
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| |  |  | | --- | --- | | **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 | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** | | |  | | | |

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| **FOLLOW-UP ACTION:** |
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