



Security Manager, 800 Jefferson County Parkway, Golden, Colorado 80401
☎ 303.271.5685 • Email completed form to Steve Troop: stroop@jeffco.us

Security Committee
Jefferson County, Colorado

This report is not a substitute for a report to or by a law enforcement agency when such notification and/or report are warranted.

SECURITY

INCIDENT REPORT

Directions

Please use the latest version of Adobe Reader by downloading it from <http://www.adobe.com/products/acrobat/readstep2.html> (you must at least have version 7).

After opening this form please choose "Save As.." and save this file to a desired location and be sure to give it a new name appropriately titled but different than the original. This new file is the one you will be filling out. Be sure to save your document or all modifications will be lost.

Email the completed pdf file as an attachment to stroop@jeffco.us. or print the completed form and send inter-office mail to Steve Troop, Security Manager, 800 Jefferson County Parkway, Golden, CO 80401.

For this report, a SECURITY INCIDENT is defined as:

- An incident placing a person or property at risk that requires action by law enforcement authorities or security officers at a County facility whether they were summoned or not, **OR**
- An incident placing a person at risk involving an on-duty County employee while on County property **or** during the performance of their official duties. This includes parking facilities, or while walking to or from an off-site parking facility to start or end a workday, **OR**
- An incident of a suspicious or unusual nature on County property that may place people or property at risk.

County Division/Department Reporting Incident	Date Occurred	Day of Week	Time
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Address of Facility			
Street <input type="text"/>	City <input type="text"/>	State <input type="text"/>	ZIP <input type="text"/>
Address of Incident (If Different From Above)			
Street <input type="text"/>	City <input type="text"/>	State <input type="text"/>	ZIP <input type="text"/>

Type Of Incident Reported

Please check the type of incident reported and choose it's specific code from the drop-down menu.

- A. Disturbance: No actual crime need be committed. The disruption of business is a disturbance.
- B. Burglary: Unlawful entering or remaining in a building with intent to commit a crime therein.
- C. Theft of or from a vehicle
- D. Theft not involving a vehicle
- E. Arson: Knowingly setting fire to a building or property of another.
- F. Vandalism: Intentional damage to property and vehicles (except arson).
- G. Robbery: The taking of anything of value by force, threats, or intimidation.
- H. Sexual Assault: Forced sexual contact or intercourse.
- I. Assault: Intentionally causing bodily injury to another person.
- J. Miscellaneous: Crimes/activities not described in the above categories.

Is the victim a County employee? Yes No

Name:

Is the suspect a County employee? Yes No

Name:

Was there an act of violence? Yes No

Was there an act of domestic violence? Yes No

Did the victim sustain injuries? Yes No

Describe:

Verbal or written threat of violence? Yes No

Was law enforcement called? Yes No

Was an arrest made? Yes No

Responding law enforcement agency:	Law enforcement report number:
<input type="text"/>	<input type="text"/>

Provide a description of the incident on page 2. Include name and day phone # of witnesses.
Attach any supporting documents and/or copies of law enforcement reports and/or copies of other county reports.

Incident Description

Please describe the incident

Reported by:

Name

Day Phone #

Supervisor/Manager:

Name

Day Phone #

Supervisor/Manager

Check next to the actions taken by you to enhance the safety of affected employee(s). All of the actions listed below should be considered when dealing with an act or threat of violence, though some may not be required due to the nature of the incident.

- Separate parties involved in incident
- Offer and/or obtain medical treatment
- Modify parking assignments/arrangements for closer access to building entrance
- Offer employee(s) escort to their vehicle
- Offer employee(s) the services of the County Employee Assistance Program
- Request law enforcement check of work location and/or residence of employee(s)
- Refer employee(s) to Human Resources in instance of workplace violence concerns
- Contact the Security Manager via telephone at (303) 271-5685
- Attach copies of written statements or persons involved and/or witnesses
- Other actions taken: (Describe below)

Supervisor/Manager:

Name

Day Phone #