SUSPICIOUS INCIDENT REPORT

Report

Date:	Time:
Location occurred:	
Office/department:	
Persons involved::	
Employee #1:	
Employee #2:	
Employee #3:	
Witness #1:	
Address:	
City/State/ZIP:	
Home phone:	
Work phone:	
Describe activity:	

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Notification:	
Officer notified:	
Date and time:	
In person or by telephone:	
Agency notified:	
Date and time:	
In person or by telephone:	
Disposition:	

Instructions:

Complete this form and deliver it to your supervisor. If you are the supervisor, deliver this form to the law enforcement agent. Use additional pages as necessary. Complete a **Suspect Description Form** describing each suspicious person, and include information about vehicles where it's appropriate. Forward a copy of this completed form to the Security Director within 24 hours of the incident, and retain a copy of this form in the branch/department.

Note: Completion of this preliminary report does not replace required reporting to law enforcement or regulatory agencies, or the filing of a Suspicious Activity Report (SAR).