



SECURITY INCIDENT REPORT

SECURITY USE ONLY

Spokane Community College Spokane Falls Community College OTHER _____

Date _____ Security case number _____

COMPLAINANT/VICTIM

Male Female
 Visitor/Guest Student Staff Employee Contractor/Vendor

Last name _____ First _____

CCS mailing address or official residence _____

City _____ State _____ ZIP _____

Primary Phone _____ Secondary _____

WITNESS

Last name _____ First _____

Primary Phone _____ Secondary _____

INCIDENT INFORMATION

Campus _____ Building _____ Room _____ Other _____

Occurred between Time _____ Date _____ / Time _____ Date _____

Were police notified? Yes No Date _____ SPD crime file number _____

Spokane Police Department Spokane County Sheriff's Department Other police agency _____

Spokane Crime Check 456-2233

DESCRIBE THE INCIDENT—Give as much detail as possible. (Identify incident, victims, equipment or personal items missing or damaged, etc. If state equipment is missing, include serial number and state tag number and attach Equipment Disposal Form.)

Serial #: _____ State Tag #: _____ Market value of item: _____

Report completed by _____ Phone _____

FORWARD ORIGINAL TO SECURITY (SCC MS 2159; SFCC MS 3160).

ADDITIONAL SPACE FOR DESCRIPTION OF SUSPECT:

Last name _____ First _____

Mailing address or official residence _____

City _____ State _____ ZIP _____

Home phone _____ Work phone _____ Male Female

Physical description: Height _____ Weight _____ Hair (color) _____ Eyes (color) _____

Additional comments (clothing, etc.) _____

DESCRIPTION OF VEHICLE

Make _____ Model _____ Year _____ Color _____ License no. _____

Additional comments _____
