



City Of Milwaukee INCIDENT TRACKER FORM

INCIDENT DATE:	DEPARTMENT:
NAME OF EMPLOYEE REPORTING INCIDENT:	TITLE: TELEPHONE: ()
LOCATION OF INCIDENT: <input type="checkbox"/> Inside the Property <input type="checkbox"/> Outside the Property <input type="checkbox"/> Street or Alley Near the Property	
ADDRESS, if available:	
INCIDENT DESCRIPTION:	

INCIDENT CATEGORY

<p><u>WEAPONS</u></p> <input type="checkbox"/> Shots Fired <input type="checkbox"/> Presence of Gun or other weapons <input type="checkbox"/> Vicious Dogs/other animals <input type="checkbox"/> Weapons Possession Observation	<p><u>THEFT OR DAMAGE</u></p> <input type="checkbox"/> Damage to City or personal property/car <input type="checkbox"/> Theft of city property <input type="checkbox"/> Theft of personal property <input type="checkbox"/> Car Jacking <input type="checkbox"/> Breach attempt/intrusion <input type="checkbox"/> Sabotage, tampering, vandalism
<p><u>AGGRESSION</u></p> <input type="checkbox"/> Unruly or threatening behavior by neighbors <input type="checkbox"/> Verbal Altercation with Client <input type="checkbox"/> Threat of violence <input type="checkbox"/> Physical Altercation with Client (Requires completion of Accident Report)	<p><u>SAFETY</u></p> <input type="checkbox"/> Entry/Exit from home or establishment is unsafe or problematic <input type="checkbox"/> Unsafe building structure/conditions <input type="checkbox"/> Unsanitary Conditions <input type="checkbox"/> Safety Hazard <input type="checkbox"/> Presence of hazardous or unknown substance
<p><u>DRUGS</u></p> <input type="checkbox"/> Public Drinking <input type="checkbox"/> Encounter with someone under the influence <input type="checkbox"/> Illegal Drugs or Drug activity <input type="checkbox"/> Drug Paraphernalia	<p><u>OTHER</u></p> <input type="checkbox"/> Client complaint <input type="checkbox"/> Suspicious activity <input type="checkbox"/> Illegal gaming/ gambling <input type="checkbox"/> Prostitution/ Other Illegal activities
<p><u>FIRE</u></p> <input type="checkbox"/> Fire Hazard/Fire Damage <input type="checkbox"/> Property Fire	

SEVERITY

- Low** - Unruly behavior, Safety hazard, Unsanitary condition
- Medium** - Unlawful behavior/activity, harassment, intimidation
- High** - Violent behavior, direct threat to employee or others, act of aggression

FOLLOW UP ACTION- NOTIFICATION

- MPD District Captain
 Safety Officer
 911 Called
 On site security

Incident Reported to: _____ **Date:** _____