**[Name of Organization/Residence] Employee Incident Report Template**

**Instructions:** To be filled out anytime a situation elevates beyond contained routine. Print as a double-sided single form. A member of the RCT [Residence Command Team] must complete this form and submit it within 48 hours after an incident begins. The purpose of this report is to capture the high-level information as close to an incident as possible so to inform the RC [Residence Commander] and enable them to decide if a comprehensive report will follow, or if HQ needs to review it.

**Incident Name:**

**Date(s): Start Time: End Time:**

**Report Completed By: Reviewed By:**

**Incident Location:**

***Incident Type*: (check all that apply)**

\_\_Active Shooter \_\_Medical Emergency/Injury

\_\_Bomb Threat \_\_Severe Weather

\_\_Utility Failure \_\_Flooding

\_\_Missing Person \_\_Weapon

\_\_Fire \_\_Workplace Violence

\_\_Haz Mat \_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_Hostage

**Additional Notes/Details:**

***Response Actions*: (check all that apply)**

\_\_RCT Activated \_\_Lockdown Activated

\_\_Emergency Notification System Activated \_\_Evacuation Activated

\_\_Shelter In Place Activated \_\_ICT Activated at HQ

\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Notes/Details:**

***Involved* *Programs*: (check all that apply)**

\_\_Add List here by resident or by program

\_\_Other

\_\_Other

\_\_Other

**Additional Notes/Details:**

***Outside Agencies/Vendors Involved*: (check all that apply)**

\_\_NYPD

\_\_FDNY

\_\_DoHMH (Health)

\_\_OEM (Office of Emergency Management)

\_\_Alarm Co.

\_\_Elevator Co.

\_\_Other(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Notes/Details:**

***Narrative Overview:*** (Include names of those involved and any other pertinent information.)