

**EAST COAST SECURITY SERVICES INC.**



P.O. Box 3376, Charlottetown  
 Prince Edward Island, C1A 8W5  
 Phone: (902) 394-2819  
 Fax: (902) 859-4702  
 www.eastcoastsecurity.ca

**VIOLENCE IN THE  
 WORKPLACE  
 Incident Report**

Shift Start Date	Shift Start Time	Shift Finish Date	Shift Finish Time	Senior client representative on location if any to sign below
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Security Officer Name:

Nature of Incident:

Date of Incident	Time of Incident	Was Medical Assistance Required?	Was a WCB Form Completed?	Name of Supervisor informed	Name & Force of attending Police Dept.
Was any kind of weapon used?	Description or Name of Offender		Name & Telephone of Witnesses present		

Provide all details and pertinent information of the reported incident including information as to who, what, where, when and the action taken by the on duty security officer.

**Victim Recommendations**