



STATE OF CONNECTICUT – COUNTY OF TOLLAND
INCORPORATED 1786

TOWN OF ELLINGTON

55 MAIN STREET – PO BOX 187
ELLINGTON, CONNECTICUT 06029-0187
TEL 870-3100 FAX 870-3102
www.ellington-ct.gov

INCIDENT REPORT **Suspicious / Threatening Behavior**

Type of Incident _____

Date of Incident _____ Time: _____ AM PM

Location of Incident _____

Names of Parties Involved In Incident:

Employee Name _____ Department: _____

Employee Name: _____ Department: _____

Non-Employee Name: (if applicable) _____ Telephone: _____

Address: _____

Name of Threatening Individual: (if available) _____

Description of Individual: Male Female Race: _____ Height: _____ Weight: _____ Hair Color: _____

Eye color: _____ Eye Wear: _____ Facial Hair: _____

Markings/tattoos: _____ Clothing: _____

Other: _____

Description of Incident: _____

(Use back of sheet, if needed)

Witnesses: Yes No

Employee Name _____ Department: _____

Employee Name: _____ Department: _____

Non-Employee Name: (if applicable) _____ Telephone: _____

Address: _____

Name of Individual Reporting Incident: _____

If Town employee enter Department; If non-employee enter address Telephone

Supervisor: _____

Signature

Date

For Administration Use Only:

| | |
|--|------------------------|
| Date Received | First Selectman |
| Distribution: <input type="checkbox"/> Resident State Troopers' Sergeant <input type="checkbox"/> Finance Office <input type="checkbox"/> Emergency Management <input type="checkbox"/> File | |

