SECURITY INCIDENT REPORT

The following is an incident report. The report should be completed for any vandalism, property damage, etc. that occurs at any district facilities. This information and incident detail will be used to track and report security/incidents for the Monona Grove School District.

Contact Information of Person Reporting the Incident

Last Name: _____	**First Name:** _____
Job Title: _____	
Phone: _____	**Alt Phone:** _____
Mobile: _____	**Pager:** _____
Email: _____	

Incident General Information

Source of Incident: _____   ☐ External ☐ Internal   **Type of Incident (Vandalism, Weather Damage etc:))** _____

Date/Time of Incident Occurred : (Approximate) _____   **Date/Time of Incident Detected:** _____

Building: _____   **Severity Level:** Low

Impact Category: _____   **Confidential/Personal Identifiable Information Affected?**   ☐ Yes ☐ No

Systems and Services Impacted: [Affected systems and services]

Incident Summary

Comments

Action Taken

Comments:

Recommendation

Comments: [Follow-on actions recommended to be taken, if any.]

Additional Comments/Notes

Comments: [Any additional notes, information or observations related to the security incident or this report.]