

Property Management Incident Report Form

Safety & Compliance

DATE OF INCIDENT ____ / ____ / ____	TIME	PROPERTY / BUILDING	REPORT COMPLETED BY
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DETAILS

Incident type
Person(s) involved — name(s)
Tenant, visitor, staff, or contractor?
Unit / area where incident occurred
Description of what happened
Injuries sustained (if any)
First aid / ambulance called?
Property damage description
Witness 1 — name and contact
Witness 2 — name and contact
Photos taken?
CCTV footage available?
Immediate actions taken
Follow-up / repairs required
Insurance company notified?
Building owner / landlord notified
Reporter signature
Notes

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