

COUNTY OF LOS ANGELES
BOARD OF SUPERVISORS -- EXECUTIVE OFFICE
SECURITY OPERATIONS UNIT

INCIDENT CODE:

(Refer to Code Sheet)

SECURITY INCIDENT REPORT

INSTRUCTIONS: This report shall be completed by the person reporting or involved in the incident or their manager/supervisor (or designee). The completed Report shall be delivered to the **Security Operations Unit, 500 West Temple Street, Room #B-98, Los Angeles, California 90012**, or sent electronically to **sir@lasd.org** (e-mail) or **(213) 613-0848** (fax) **no later than the end of the business day following the date of the incident**

Please refer to the accompanying *Incident Code Reference Sheet* for determining the proper incident code. Use a separate form(s) to report multiple individual incidents. Call the Security Operations Unit (SOU) at (213) 893-2031 for additional information.

A SECURITY INCIDENT IS DEFINED AS:

- An incident placing a person or property at risk that requires action by law enforcement authorities or security personnel at a County facility whether they were summoned or not; or
- An incident placing a person at risk involving an on-duty County employee during the performance of their official duties. This classification includes while walking to or from an off-site parking facility at the start or end of the workday; or
- An incident of a suspicious or unusual nature on County Property that place people or property at risk; or
- An incident that occurred during non-business hours that impacts or affects the County workplace.

I. DATE OCCURRED: TIME OCCURRED: _____ DATE COMPLETED:

COUNTY DEPARTMENT REPORTING: _____

ADDRESS OF FACILITY: _____

On-site security services contracted with Sheriff's Department

ADDRESS OF INCIDENT: (If different) _____

SUMMARY OF INCIDENT: (BRIEFLY describe the incident here, include full names (first and last), use separate sheet to document details, if necessary.)

Continued on a separate sheet(s)

OTHER PARTIES INVOLVED NOT LISTED IN SUMMARY: (List any additional parties on a separate sheet)

1) Name: _____ Employee Gender: _____ Emp#/DOB/Age: _____

2) Name: _____ Employee Gender: _____ Emp#/DOB/Age: _____

3) Name: _____ Employee Gender: _____ Emp#/DOB/Age: _____

II. WORKPLACE VIOLENCE CHECKLIST:

- The VICTIM is a County employee?
- There was a physical ACT OF VIOLENCE?
- FIREARM (gun) used
- HATE CRIME (per 422.55-75 PC)
- Law Enforcement RESPONDED-Agency: _____
- The SUSPECT is a County employee.
- There was a verbal/written THREAT OF VIOLENCE
- Other WEAPON used, non-firearm. Type: _____
- RECURRENT ISSUE: Previous incident(s) Reported Not Reported
- Complaint/Crime REPORT Taken-Report #: _____

III. SAFETY PLAN: The actions below should be considered when dealing with an act or threat of violence if necessary, check ALL that apply:

- 1) On-site security notified.
- 2) Parties involved were separated.
- 3) Offer/obtain medical treatment for affected employee(s).
- 4) Offer Security escort to their vehicle/modify parking assignment.
- 5) Offer employee reassignment/alternate workplace
- 6) Offer County Employee Assistance Program (EAP) services
- 7) Law enforcement patrol check requested for workplace/home.
- 8) Obtain and attach copies of written witness affidavits/statements.
- 9) Emergency Protective Order obtained from law enforcement.
- 10) Consult with Security Operations Unit (SOU) personnel.
- 11) Seek/request assistance in obtaining a Restraining Order from the Office of County Counsel at (213) 974-8394.
- 12) Initiate an Incident Event Log (per DHR620) and maintained by: _____
- 13) Other action(s) taken: _____

REPORTED BY: _____ TELEPHONE: _____ EMAIL: _____

MANAGER: _____ TELEPHONE: _____ EMAIL: _____