JUDICIAL CONFERENCE OF INDIANA

SECURITY INCIDENT REPORT FACT SHEET

County: _____ **Date of Report:** _____

Officer/Employee: _____ **Date of Incident:** _____

Time of Incident: _____

TYPE OF INCIDENT *(Select from **one**. If other please specify)*

Alarm _____ **Disturbance** _____ **Threat** _____ **Violent Crime** _____

Weapon _____ **Emergency** _____ **Drugs/Contraband** _____ **Other** _____

LOCATION

Facility: _____ **Floor:** _____ **Room:** _____

Area: ☐ **Main Entrance** ☐ **Public Area** ☐ **Courtroom** ☐ **Court Office** ☐ **Outside Ct. Facility**

PERSONNEL INVOLVED IN INCIDENT AND NUMBER OF PERSONNEL *(check all boxes that apply & fill-in number of staff)*

☐ **Judge/Magistrate** _____ ☐ **Court Officer/Probation** _____ ☐ **Court Staff** _____ ☐ **Prosecutor** _____

☐ **Plaintiff** _____ ☐ **Defendant** _____ ☐ **Law Enforcement** _____ ☐ **Plaintiff Counsel** _____

☐ **Defendant Counsel** _____ ☐ **Witness/Spectator** _____ ☐ **Other** _____

SYNOPSIS OF FACTS:

Signature of Officer/Employee _____ Date_____

Reviewed by Supervisor/Judge _____ Date_____

Please fax or email completed reports to:

Indiana Judicial Center
Fax: (317) 234-4113
Email: bob.champion@courts.in.gov

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