

OBSERVER

USE

ONLY

ABOVE

THIS

LINE



SWEEPS INCIDENT REPORT FORM

IMPORTANT: If the person wishes to remain confidential, mark this box. ☐

TIME AND PLACE

Date/Time of Incident \_\_\_\_\_ at \_\_\_\_\_ am  
month/day/year time pm

Exact Location \_\_\_\_\_

POLICE/SECURITY PERSONAL INVOLVED

1	2	3
Officer's/Person Names: _____	_____	_____
Badge #'s/ ID Number: _____	_____	_____
Police Departments/ Security Company: _____	_____	_____
Car License #'s: _____	_____	_____

FOLLOW UP INFORMATION

Name \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Location/Best Way to Contact: \_\_\_\_\_

WITNESSES

1	2	3
Names _____	_____	_____
Phone/Way to Contact _____	_____	_____

Are there ☐ photos or ☐ tapes of the incident? Who has them? \_\_\_\_\_

BELONGINGS TAKEN

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (continue on back as needed)

[illegible]

## DESCRIPTION OF INCIDENT

*(Prompt Questions: Were you treated with Respect?, Informed of your Rights?, Given advance notice in a timely fashion?)*

[illegible]

*Please return to:* \_\_\_\_\_  
**or email us at:**

Thanks Berkeley Copwatch!!!!