INCIDENT FORM

Southington Housing Authority
43 Academy Street Southington, CT 06489
Phone 860-628-5200 / Fax 860-775-7545

Today's Date: _____Time: _____
(Date and Time report is being written)

Date of Incdent:
_____Time:_____

Person Writing This Report:

_____

Check the box that best describes you (Please explain if other)

☐ Resident ☐ Staff ☐ Other _____

Property Where This Incident Occurred:

- ☐ Academy St. (Lincoln Lewis Terrace)
- ☐ 408 Main St. (DiCaprio Forgione Terrace)
- ☐ 6 Carter Lane (Pulaski Terrace)
- ☐ 500 Pleasant Street (Joseph A. Zdunczyk Terrace)

Was 9-1-1 Called? Yes No

If Yes, Which Emergency Services Responded (Check all that apply):

☐ POLICE ☐ FIRE DEPARTMENT ☐ AMBULANCE

Police Case Number (if applicable): _____

Responding Officer's Name & Contact Info: _____

(May be needed for follow-up from Executive Director, Kevin Meier)

Description of Incident (SEE BACK)
Please provide a detailed, factual account of the incident. Include relevant actions, individuals involved, and any outcomes or follow-up steps taken.

_____

_____

_____

_____

INCIDENT FORM