



366 Luna Drive \* Las Vegas, NM 87701  
(505)454-2577 \* (800)588-7232, Ext. 1108 \* Fax(505)454-5325  
E-mail: rgonzales@luna.edu

## SECURITY INCIDENT REPORT

**INCIDENT:**

**INCIDENT LOCATION:**

**INCIDENT DATE:**  **TIME:**  A.M.  P.M.

**COMPLAINANT:**

**ADDRESS:**  **TELEPHONE:**

**DOB:**  **SOCIAL SECURITY NUMBER:**

**WITNESS:**

**VEHICLE LICENSE PLATE NUMBER:**

**COMMENTS:**

**REPORTING OFFICER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**DIRECTOR OF SECURITY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



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## SECURITY INCIDENT REPORT

COMMENTS CONTINUED:

REPORTING OFFICER: \_\_\_\_\_

DATE: \_\_\_\_\_

DIRECTOR OF SECURITY: \_\_\_\_\_

DATE: \_\_\_\_\_



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## SECURITY WITNESS/INFORMATION STATEMENT

STATEMENT OF (Last, First, Middle)

DOB

SEX     Female     Male

HOME ADDRESS

HOME PHONE

OCCUPATION

WORK PHONE

ADDRESS OF EMPLOYMENT

Location of Statement Taken

Name of Officer Taking Statement

Date

Time Started

Information/  
 Statement

I have read this statement given by me or have it read to me.  
 I fully understand it and certify that it is true to the best of my  
 knowledge and recollection.

Date

Time Started

Signature of Person Giving Statement  
 \_\_\_\_\_

Officer Obtaining the Signature  
 \_\_\_\_\_

Person Witnessing  
 the Signature  
 \_\_\_\_\_

Signature of Director  
 \_\_\_\_\_