

Apartment Tenant Resident Incident Report Template

Directions: Please fill out this form completely to report any incidents, damages, safety concerns, or rule violations. Print and submit this form to the leasing office.

1. Reporter Information

Full Name: <input type="text"/>	Apartment Number: <input type="text"/>
Phone Number: <input type="text"/>	Email Address: <input type="text"/>
Date of Report: <input type="text" value="MM/DD/YYYY"/>	

2. Incident Details

Date of Incident: <input type="text" value="MM/DD/YYYY"/>	Time of Incident: <input type="text" value="HH:MM AM/PM"/>	Specific Location (e.g., Hallway, Parking Lot, Pool): <input type="text"/>
Type of Incident (e.g., Property Damage, Noise Complaint, Theft, Safety Hazard): <input type="text"/>		

3. Incident Description

Describe the incident in detail (who, what, where, and how): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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4. Witnesses & Parties Involved

Name(s) of other parties/witnesses involved: <input type="text"/>	Contact Information (if known): <input type="text"/>
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5. Authority Involvement

Were the Police or Emergency Services called? (Yes/No): <input type="text"/>	Police Department / Officer Name: <input type="text"/>
Police Report Number (if applicable): <input type="text"/>	

6. Signatures

By signing below, I certify that the information provided in this report is true and accurate to the best of my knowledge.

Tenant / Resident Signature

Date

Property Manager / Staff Signature

Date Received