



Incident Report

(Private Patrol Operator, Security Guards, Alarm Companies, & Alarm Agents)

You may mail this report to the address in the letterhead or email it to BSIS.IncidentReports@dca.ca.gov. This is an investigative report, which the Bureau will use to determine whether to take further action. If the Bureau finds a violation of the law, it may take disciplinary action as provided by the Business and Professions Code.

Private Patrol Operator/Security Guard

Pursuant to Business and Professions Code section 7583.2(f), a private patrol operator shall submit a written report to the Bureau fully describing the circumstances surrounding the discharge of any firearm, or physical altercation with a member of the public while on duty, by a licensee, qualified manager, officers, partners, or employee of a licensee while acting within the course and scope of their employment, within seven (7) days after the incident. The only physical altercations that require a report are the ones that result in the following:

- (1) the arrest of a security guard
- (2) the filing of a police report by a member of the public
- (3) a member of the public requiring any type of first aid or other medical attention
- (4) the discharge, suspension, or reprimand of a security guard by their employer, or
- (5) any physical use of force or violence on any person while on duty.

Failure to report an incident may result in a fine in the amount of \$5,000.00.

Pursuant to Business and Professions Code section 7583.4, any person registered as a security guard or patrolperson, and the employer of the security guard or patrolperson, shall provide a written report fully describing the circumstances surrounding any incident involving the discharge of any firearm in which they were involved while acting within the course and scope of their employment, within seven (7) days after the incident, to both the Bureau and the local police or sheriff's department that has jurisdiction over the geographic area where the incident occurred. Failure to report an incident may result in a fine in the amount of \$500.00.

Alarm Company Operator/Alarm Agents

Pursuant to Business and Professions Code section 7599.42, the licensee or their qualified manager shall submit a written report to the Bureau fully describing the circumstances surrounding any violent incident involving a dangerous weapon that has been caused by or occurred upon a licensee or any officer, partner, member, manager, qualified manager, or employee of a licensee, while acting within the course and scope of his or her employment, and that results in bodily injury to any person or death of any person involved in that incident or of any discharge of a weapon, excluding any discharge which occurs on the range, within seven (7) days after the incident. Failing to report an incident may result in a fine of \$1,000 for the first violation and \$2,000 for each subsequent violation. A violation of this section by an employee of a licensee may result in a fine of \$500 for each violation.

PERSON/EMPLOYEE INVOLVED IN INCIDENT

NAME: Last First Middle			DATE OF BIRTH: (month/day/year)	
ADDRESS: Number and Street		City	State	Zip
TELEPHONE NO. (optional): Home/Cell			EMAIL ADDRESS (if applicable):	
REGISTRATION/LICENSE NO.:			EXPIRATION DATE:	
FIREARM AND/OR BATON PERMIT NO.:			EXPIRATION DATE:	
CALIBER(S) LISTED ON FIREARM PERMIT:				
TYPE OF DEADLY WEAPON OR CALIBER OF FIREARM USED:				

LICENSEE (COMPANY) INFORMATION

COMPANY NAME:		LICENSE NO.:		
ADDRESS: Number and Street		City	State	Zip
CONTACT PERSON:		TITLE:		
TELEPHONE NO.				

INCIDENT INFORMATION Complete all information. A separate sheet of paper may be used

DATE OF INCIDENT:		TIME OF INCIDENT:		
WHERE DID THE INCIDENT OCCUR?				
BUSINESS NAME OR POST LOCATION		ADDRESS WHERE INCIDENT OCCURRED		
TELEPHONE NO.		TYPE OF BUSINESS		
DID LAW ENFORCEMENT TAKE A REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, NAME OF AGENCY		
REPORT NUMBER		DID LAW ENFORCEMENT ISSUE A CITATION OR MAKE AN ARREST? YES <input type="checkbox"/> NO <input type="checkbox"/>		

READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I hereby declare under penalty of perjury, under the laws of the State of California, that the statements in this report and any separate pages comprising this report are true and correct. I understand that all statements herein are subject to investigation.

PRINT NAME OF PERSON INVOLVED IN INCIDENT

SIGNATURE OF PERSON INVOLVED IN INCIDENT

EMPLOYER SIGNATURE

EMPLOYER TITLE

DATE