



Incident Report

(Proprietary Private Security Employer and Proprietary Private Security Officer)

You may mail this report to the address listed in the letterhead above or email it to BSIS.IncidentReports@dca.ca.gov. This is an investigative report, which the Bureau will use to determine whether or not further action is needed. If the Bureau finds a violation of the law, it may take disciplinary action as provided by the Business and Professions Code.

Proprietary Private Security Employer and Proprietary Private Security Officer

Pursuant to Business and Professions Code section 7574.37(a), a person registered as a proprietary private security employer shall deliver to the director a written report describing the circumstances surrounding any physical altercation by a registered proprietary private security officer with a member of the public while on duty and while acting within the course and scope of their employment within seven business days after the qualifying incident.

(b) For purposes of this section, a report shall be required only for physical altercations that result in any of the following:

- (1) The arrest of a proprietary private security officer.
- (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 proprietary private security officer by their employer.
- (5) Any physical use of force or violence on any person while on duty.

(c) The report shall include, but not be limited to, a description of any injuries or damages incurred, the identity of all participants, and whether a police investigation was conducted.

(d) A report may be investigated by the director to determine if any disciplinary action is necessary.

(e) A report shall not be required when a proprietary private security officer or multiple proprietary security officers are requested by hospital staff to assist in restraining a patient by either holding the patient or limiting the movement of the patient for medical or mental health reasons.

(f) The failure to deliver a report to the director shall be subject to a fine of two thousand five hundred dollars (\$2,500).

PROPRIETARY PRIVATE SECURITY OFFICER 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 NO.:			EXPIRATION DATE:	

PROPRIETARY PRIVATE SECURITY EMPLOYER (COMPANY) INFORMATION

COMPANY NAME:	REGISTRATION NO.:			
ADDRESS: Number and Street	City		State	Zip
RESPONSIBLE 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