



BUREAU OF SECURITY AND INVESTIGATIVE SERVICES

P.O. Box 980550
West Sacramento, CA 95798-0550
(916) 322-4000 (800) 952-5210
Fax (916) 575-7289 www.bsis.ca.gov

Incident Report

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

Any incident involving a physical altercation, the discharge and/or use of a firearm, or the use of a deadly weapon while on duty by Private Patrol Operator and Alarm Company Operator licensees, qualified managers, officers, or partners, or security guards, or alarm agents must be reported to the Bureau of Security and Investigative Services within seven (7) days of the incident, pursuant to Business and Professions Code sections 7583.2, 7583.4, and 7599.42. This report may be mailed to the address in the letterhead or e-mailed to BSIS.IncidentReports@dca.ca.gov. The information provided will be used to investigate the incident to determine if further Bureau action is necessary. If a violation of the law is established, disciplinary action may be initiated as provided by the applicable Business and Professions Code.

A deadly weapon is defined to include any instrument or weapon commonly known as a blackjack, slingshot, billy club, sandclub, sandbag, metal knuckles, any dirk or dagger, any firearm, any knife having a blade longer than five inches, any razor with an unguarded blade and any metal pipe or bar used or intended to be used as a club.

PERSON INVOLVED IN PHYSICAL ALTERCATION OR USING A DEADLY WEAPON

NAME: Last	First	Middle	DATE OF BIRTH: (month/day/year)
ADDRESS: Number and Street	City	State	Zip
TELEPHONE NO. (optional): Home	Cell	E-MAIL ADDRESS (if applicable):	
REGISTRATION/LICENSE NO.:	EXPIRATION DATE:		
FIREARM AND/OR BATON PERMIT NO.:	EXPIRATION DATE:		
CALIBER(S) ON PERMIT (IF FIREARM):	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. Use a separate sheet of paper, if necessary.

1. Date of incident: _____ Time: _____

2. Where did the incident occur? _____

Business name or post location: _____

NUMBER AND STREET CITY STATE ZIP
Address: _____

Telephone: _____ Type of Business: _____

(SEE OTHER SIDE)

3. Was a police or sheriff report taken? Yes _____ No _____

If yes, name of agency: _____

Report Number: _____ Officer's Name: _____

Was a security guard or patrol person involved in the incident? Yes _____ No _____

If yes, was a copy of this report delivered to local law enforcement in compliance with BPC §7583.4? Yes _____ No _____

4. Was a citation issued or arrest made? Yes _____ No _____

5. **DETAILS OF INCIDENT:** Include circumstances leading to physical altercation or use or discharge of firearm, injuries, or death(s). Identify all participants involved in incident including name and address of suspect, names and addresses of witnesses, and if applicable, discipline imposed by employer. You must clearly describe any injuries and damages to all individuals and/or property involved. If a firearm was involved, include the number of shots fired. Use a separate sheet of paper, if necessary.

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: _____ Date: _____

Employer Signature: _____ Date: _____

Employer Title: _____

Pursuant to the California Public Records Act (Gov. Code § 6250 et seq.) and the Information Practices Act (Civ. Code § 1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the Department unless otherwise specifically exempt from disclosure under the law. We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in response to a court or administrative order, a subpoena, or a search warrant.

Per the Information Practices Act, the Chief of the Bureau of Security and Investigative Services, Department of Consumer Affairs, is responsible for maintaining the information in this report. You have the right to review the records maintained on you by the Bureau or Department unless the records are exempt from disclosure by section 1798.40 of the Civil Code. Your completed report becomes the property of the Bureau and information on this report may be transferred to other governmental or law enforcement agencies, as permitted by law.

For questions about this notice or access to your record, you may contact the Bureau of Security and Investigative Services, Attn: Public Records Liaison, P.O. Box 980550, Sacramento, CA 95798-0550, by phone at (916) 322-4000 or (800) 952-5210, or by e-mail at bsis@dca.ca.gov. For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210 or by e-mail at dca@dca.ca.gov.