FORM **BC-1206**
(11-8-99)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

SECURITY
INCIDENT REPORT

1. Incident

Date	Time
	a.m. p.m.

2. Report

Date	Time
	a.m. p.m.

CENSUS SECURITY OFFICE USE ONLY

Date received – *Stamp*

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3. Complete address where incident happened
(Street, city, State, ZIP Code) OR
(Room/Building) ⟶

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4. Person completing report ⟶

a. Name

b. Signature

c. Telephone number | Area code | Number

d. Division or Region

e. Building

f. Room No.

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5. Type of incident

☐ ADP   ☐ Other – *Explain* ⟍
☐ Assault
☐ Theft – Government
☐ Theft – Personal

6. Was medical attention received? ⟍

☐ Yes
☐ No

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7. Details of incident – *If additional pages are needed, mark (X) this box and attach.* ☐

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8. Who was notified of incident – *Mark (X) all boxes that apply*

☐ Police   ☐ Supervisor   ☐ Administrative Office
☐ F.B.I.   ☐ Census Security Office   ☐ Other – *Specify* ⟍
☐ Sheriff   ☐ Division/Regional Security
☐ FPO   Representative

9. Police report number *(If applicable)* ⟍

☐ Attached   ☐ Will follow

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10. Persons involved in incident – *Attach additional pages, if necessary.*
Codes for column (a):   **W –** Witness   **V –** Victim or Complainant   **O –** Investigated by   **M –** Medical personnel

Code (a)	Name (b)	Telephone (c) Area code	Number	Street, city, State, ZIP Code (d)

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11. Disposition of incident – *If additional pages are needed, mark (X) this box and attach.* ☐

12. Signature of person closing this incident	**13.** Date incident was closed	**14.** Incident number ⟶