

# DES HOUSING INCIDENT REPORT

(The proponent agency is DES)

INCIDENT NUMBER:

## PRIVACY ACT STATEMENT

**AUTHORITY:** Title 10 USC, Sec 301; Title 5 USC, Sec 2951; EO 9397 (22 Nov 93)

**PRINCIPAL PURPOSE:** To provide commanders and law enforcement officials with a means by which information may be accurately identified. Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.

**DISCLOSURE:** Disclosure of social security number is voluntary. This form will be completed as documentation of **non-criminal violations** of Fort Hood regulations to include FH Regulation 210-48; FH Reg 40-5; and Fort Hood policy letters. Upon completion, this form will be transmitted to the Fort Hood Housing Office for coordination of appropriate action and disposition.

## PART I - INCIDENT TYPE

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Neighbor dispute    | <input type="checkbox"/> Cyclist / helmet violation | <input type="checkbox"/> Suspicious activity / intelligence report |
| <input type="checkbox"/> Unattended children | <input type="checkbox"/> Pet incident               | <input type="checkbox"/> Unsanitary conditions                     |
| <input type="checkbox"/> Loud noise / music  | <input type="checkbox"/> Traffic complaint          | <input type="checkbox"/> Other:                                    |

1. DATE / TIME OF INCIDENT:

2. LOCATION OF INCIDENT:

## PART II - PERSON(S) INVOLVED

3a. NAME:

6a. NAME:

3b. RANK/GRADE/UNIT:

6b. RANK/GRADE/UNIT:

3c. ADDRESS:

6c. ADDRESS:

3d. TELEPHONE:

Home:

Work:

6d. TELEPHONE:

Home:

Work:

3e. STATUS:

Complainant  Witness  Sponsor  Subject

6e. STATUS:

Complainant  Witness  Sponsor  Subject

4a. NAME:

7a. NAME:

4b. RANK/GRADE/UNIT:

7b. RANK/GRADE/UNIT:

4c. ADDRESS:

7c. ADDRESS:

4d. TELEPHONE:

Home:

Work:

7d. TELEPHONE:

Home:

Work:

4e. STATUS:

Complainant  Witness  Sponsor  Subject

7e. STATUS:

Complainant  Witness  Sponsor  Subject

5a. NAME:

8a. NAME:

5b. RANK/GRADE/UNIT:

8b. RANK/GRADE/UNIT:

5c. ADDRESS:

8c. ADDRESS:

5d. TELEPHONE:

Home:

Work:

8d. TELEPHONE:

Home:

Work:

5e. STATUS:

Complainant  Witness  Sponsor  Subject

8e. STATUS:

Complainant  Witness  Sponsor  Subject

9. PATROL INFORMATION REPORT TAKEN BY:

10. RANK/GRADE/UNIT:

11. STATUS:

Civilian  Military

12. SUMMARY OF COMPLAINT:

13. SUMMARY OF RESPONDING PATROL'S FINDINGS:

SECTOR SUPERVISOR INFORMATION

WATCH COMMANDER INFORMATION

14. SECTOR SUPERVISOR NAME:

18. WATCH COMMANDER:

15. CALL SIGN:

16. DATE REVIEWED AND APPROVED:

19. DATE REVIEWED AND APPROVED:

17. SIGNATURE:

20. SIGNATURE:

**SECTION III - FOR DES / HOUSING USE ONLY**

21. DATE RECEIVED BY DES COMMUNITY POLICING:

22. RECEIVED BY:

23. REMARKS:

24. DATE RECEIVED BY FORT HOOD FAMILY HOUSING:

25. RECEIVED BY:

26. REMARKS:

**SECTION IV - DISPOSITION**

27. REMARKS: