



SECURITY OPERATIONS UNIT

SECURITY INCIDENT REPORT (DHR 620)

INSTRUCTIONS: Pursuant to Los Angeles County Policy DHR-620, this report shall be completed by the person reporting or involved in the incident or their manager/supervisor (or designee). The completed report shall be delivered to the **Security Operations Unit, 500 West Temple Street, Room #B-98, Los Angeles, California 90012**, or sent electronically to **sir@lasd.org** (e-mail) no later than the end of the business day following the date of the incident.

Please refer to the accompanying Incident Code Reference Sheet for determining the proper incident code. Use a separate form(s) to report multiple individual incidents. Call the Security Operations Unit (SOU) at (213) 893-2031 for additional information.

A SECURITY INCIDENT IS DEFINED AS:

- An incident placing a person or property at risk that requires action by law enforcement authorities or security personnel at a County facility whether they were summoned or not; or
- An incident placing a person at risk involving an on-duty County employee during the performance of their official duties. This classification includes while walking to or from an off-site parking/transportation at the start or end of the workday; or
- An incident of a suspicious or unusual nature on County Property that place people or property at risk; or
- An incident that occurred during non-business hours that impacts or affects the County workplace.

INCIDENT CODE

[Refer to Code Sheet](#)

I. DATE OCCURRED: _____ **TIME OCCURRED:** _____ **DATE COMPLETED:** _____

COUNTY DEPARTMENT REPORTING: _____

ADDRESS OF FACILITY: _____

On-site security services

ADDRESS OF INCIDENT: (If different): _____

SUMMARY OF INCIDENT:

(BRIEFLY describe the incident here, include complete names (first and last), use a separate sheet to document additional details, if necessary.)

Continued on a separate sheet(s)

OTHER PARTIES INVOLVED NOT LISTED IN SUMMARY: (List any additional parties on a separate sheet)

1. Name: _____ Employee Gender: _____ Emp#/DOB/Age: _____

2. Name: _____ Employee Gender: _____ Emp#/DOB/Age: _____

3. Name: _____ Employee Gender: _____ Emp#/DOB/Age: _____

II. WORKPLACE VIOLENCE CHECKLIST:

- | | |
|--|--|
| <input type="checkbox"/> The VICTIM is a County employee? | <input type="checkbox"/> The SUSPECT is a County employee. |
| <input type="checkbox"/> There was a physical ACT OF VIOLENCE? | <input type="checkbox"/> There was a verbal/written THREAT OF VIOLENCE |
| <input type="checkbox"/> FIREARM (gun) used | <input type="checkbox"/> Other WEAPON used, non-firearm. Type: _____ |
| <input type="checkbox"/> HATE CRIME (per 422.55-75 PC) | <input type="checkbox"/> RECURRENT ISSUE: Previous incident(s) <input type="checkbox"/> Reported <input type="checkbox"/> Unreported |
| <input type="checkbox"/> Law Enforcement RESPONDED-Agency: _____ | <input type="checkbox"/> Complaint/Crime REPORT Taken-Report: _____ |

III. SAFETY PLAN: The actions below should be considered when dealing with an act or threat of violence if necessary, check ALL that apply:

- | | |
|--|---|
| <input type="checkbox"/> On-site security notified. | <input type="checkbox"/> Parties involved were separated. |
| <input type="checkbox"/> Offer/obtain medical treatment for affected employee(s). | <input type="checkbox"/> Offer Security escort to their vehicle/modify parking assignment. |
| <input type="checkbox"/> Offer employee reassignment/alternate workplace | <input type="checkbox"/> Offer County Employee Assistance Program (EAP) services |
| <input type="checkbox"/> Law enforcement patrol check requested for workplace/home. | <input type="checkbox"/> Obtain and attach copies of written witness affidavits/statements. |
| <input type="checkbox"/> Emergency Protective Order obtained from law enforcement. | <input type="checkbox"/> Consult with Security Operations Unit (SOU) personnel. |
| <input type="checkbox"/> Seek/request assistance in obtaining a Restraining Order from the Office of County Counsel at (213) 974-8394. | |
| <input type="checkbox"/> Initiate an Incident Event Log (per DHR620) and maintained by: _____ | |
| <input type="checkbox"/> Other action(s) taken: _____ | |

REPORTED BY: _____ **TELEPHONE:** _____ **EMAIL:** _____

MANAGER: _____ **TELEPHONE:** _____ **EMAIL:** _____

*Specific questions/direction regarding this incident: _____



CODE REFERENCE SHEET

DO NOT SUBMIT THIS PAGE WITH YOUR REPORT

B. ROBBERY: The taking of property by force or fear

1. Robbery of a County facility or employee in the performance of their duties
2. Robbery of a person, including employee, not performing their duties

D. SEXUAL ASSAULT: A term which covers a range of crimes, including rape; non-consensual sex ; battery; harrassment

1. Rape of a County employee
2. Rape of someone other than a County employee
3. Other sex-related incident

E. ASSAULT: The physical battering of another person

1. Assault with a weapon
2. Assault without a weapon requiring medical attention
3. Assault with only minor or no injuries and no weapon used

G. DISTURBANCE: The disruption of routine business

1. Disturbance of a County facility or employee while performing their duties
2. Disturbance created by a County employee, relation, or domestic partner
3. Disturbance not involving County employee(s).
4. Inappropriate communication

H. THREAT: Expressed or implied threat of violence or harm

1. Bomb threat
2. Suicide threat (involving employee or workplace)
3. Threat on a County owned or leased facility or event (not "Bomb Threat")
4. Physical, verbal, or written threat to a County employee.
5. Workplace Bullying/Recurrent Intimidation

J. SUSPICIOUS ACTIVITY: Unusual behavior/activity

1. Suspicious activity by a County employee
2. Suspicious activity by a non-County employee
3. Suspicious package

O. OTHER: Acts/activities not covered in any of the previous classifications

1. Other activity, such as property crimes, with elements of Workplace Violence (including acts of directed/targeted vandalism, theft, burglary, arson, or theft). Please explain in detail.

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