

Healthcare Facility Suspicious Activity Reporting Form

Reporter Information

Full Name

Role/Position

Contact Number

Email Address

Facility Information

Facility Name

Location/Address

Department/Unit

Incident Details

Date of Incident

Time of Incident

Exact Location (if different from facility)

Type of Suspicious Activity

Description of Activity

Description of Individual(s) Involved

Immediate Actions Taken

Witnesses (names & contact)

Additional Information