

## **Colorado Incident Report**

Was the incident observed directly or was it reported to the agency?	□ Observed	□ Reported
Has this type of behavior occurred with this person before?	□ Yes	□ No
Is it likely that this behavior will reoccur?	□ Yes	□ No
Duration of Incident (minutes)		

SIGNATURE DATE TIME am/pm

Note:- Required fields are marked with an asterisk (\*)