



QUEENSLAND
LIVING
HISTORY
FEDERATION

QLHF SECURITY INCIDENT REPORT		REPORT NO: _____
<input type="checkbox"/> Theft of event property	<input type="checkbox"/> Attempted theft	<input type="checkbox"/> Physical assault
<input type="checkbox"/> Theft of personal property	<input type="checkbox"/> Vandalism to event property	<input type="checkbox"/> Accident/First Aid
<input type="checkbox"/> Theft from a motor vehicle	<input type="checkbox"/> Fire or other emergency	<input type="checkbox"/> Drug or Alcohol intoxication
<input type="checkbox"/> Theft of a motor vehicle	<input type="checkbox"/> False fire alarm	<input type="checkbox"/> Disorderly or unruly behaviour
<input type="checkbox"/> Vandalism to personal property	<input type="checkbox"/> Indecent or sexual assault	
<input type="checkbox"/> Breach of policy	<input type="checkbox"/> Other: _____	
Incident Details:		
Date of Incident:	Date of Incident:	Approximate Time of Incident:
Location of Incident:		
		Re-enactment Group involved?
Nature and cause of the incident/description of stolen property etc		
Complainant Details: (Person reporting incident)		
Name:		
Address:		
Home Phone:		Home Phone:
Approximate value of property stolen or damaged:		
\$ _____ <input type="checkbox"/> Not applicable		
Did Police attend the incident?		
<input type="checkbox"/> Yes <input type="checkbox"/> No Names of officers: _____		



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Offender/Suspect details *If the offender is a member of a re-enactment group please detail which group*

Name: _____

Address: _____

Home Phone: _____ **Home Phone:** _____

Build <input type="checkbox"/> Thin <input type="checkbox"/> Medium <input type="checkbox"/> Muscular <input type="checkbox"/> Solid <input type="checkbox"/> Fat <input type="checkbox"/> Obese	Hair Colour <input type="checkbox"/> Fair <input type="checkbox"/> Grey <input type="checkbox"/> Dark Brown <input type="checkbox"/> Light Brown <input type="checkbox"/> Red/Ginger <input type="checkbox"/> Bleached	Hair Style <input type="checkbox"/> Short <input type="checkbox"/> Long <input type="checkbox"/> Curly <input type="checkbox"/> Straight <input type="checkbox"/> Balding <input type="checkbox"/> Bald	Eye Colour <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Grey	Complexion <input type="checkbox"/> Shallow <input type="checkbox"/> Pale <input type="checkbox"/> Medium <input type="checkbox"/> Olive <input type="checkbox"/> Dark
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Facial Hair: Yes No **Beard :** Yes No **Moustache:** Yes No

Clothing: _____

Tattoos/Scars/Marks: _____

Height: _____ **Height:** _____

Other: _____

Vehicle Details:

Rego	_____	State	_____	Make/Model	_____
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Year	_____	Colour	_____	Distinguishing features	_____
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Further Details

Security and Safety Team Member completing Incident Report	Name: _____
	Signature: _____

Security and Safety Co-ordinator	Signature: _____
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