

CCTV INCIDENT REPORT

SUBMITTED BY

Name: _____ Phone number: _____

Company: _____

INCIDENT DETAILS

Date of Incident: _____ Time of Incident: _____

Location / Area: _____ Camera ID / Name: _____

BRIEF DESCRIPTION OF INCIDENT

Notice: Fees may apply for long video review and archival retrieval processes.

CTI
Channel Technology Inc.

Phone: 716-844-6953