Los Angeles County
AJCC Customer Incident Reporting Form

Complete form to report any disruptive or threatening incidents with customers or visitors. Email completed form to ajccops@wdacs.lacounty.gov within 24-hours of incident.

AJCC Information	
AJCC Name	Date
Submitter's Name	Title
Cell Phone Number	Email

Incident Details		
Date of Incident	Time of Incident	Location & room where incident occurred (provide address if occurred offsite)

Name(s) of participant(s) or visitor(s) involved (include phone number and address if available)

Name(s) of Staff Involved (If partner staff please indicate partner affiliation)

Name, job title and agency of witness(es) to the incident. If witness(es) are not staff include phone number and address

Describe the incident, how it occurred and what transpired including response from the AJCC (i.e., sequence of events leading to the incident, who did what, specific activity(s) engaged in when incident happened, etc.). An additional attachment can be used if necessary.

Were any tools, equipment, machines or objects involved and was there any damage? (Ex: Cabinets, copier, ceiling tiles, etc.)

Was anyone injured? ☐ Yes ☐ No	If yes, provide name(s) of person injured:

Nature of injury (cut, bruise, fracture, sprain, etc.) and part of body injured:

| Was 911 or Police Department called? ☐ Yes ☐ No

If no, why not?	If yes, did the responding agency write a report? ☐ Yes ☐ No
	If a report was taken, provide the report #

Attach a copy of the report, if available. |

Actions

What action(s) or follow-up has been taken?

Additional Information

America's**Job**Center
LA County
of California®