



City of Phoenix

FEDERAL AGENCY AT CITY SITE INCIDENT REPORT

Date: _____ [Insert date of federal agency entry]

Time: _____ [Insert time of federal agency entry]

Location: _____

[Insert facility address or description]

Identified Federal Agency: _____ [Insert name of federal agency]

Number of Federal Agents at Facility: _____ [Insert number]

Federal Agency Lead Agency:

- Name: _____ [Insert Name]
- Contact Information: _____ [Insert phone number or other contact information]
- Badge Number: _____ [Insert badge number]

Actions Taken So Far:

- Provided Warrant: Yes No
- Entered Public Area Yes No
- Entered Restricted Area: Yes No
- City Documents Taken: Yes No
- Any Persons Arrested: Yes No
 - Number of Persons: _____ [Insert Number]

Number of Staff at Facility: _____ [Insert number]

Number of Members of the Public at Facility: _____ [Insert number]

Additional Information: _____

[If applicable, insert additional pertinent information]

Form Completed by:

Name: _____

Title: _____

Department: _____

Phone #: _____

Email Address: _____