

Camcording / Suspicious Activity Incident Report

Ref No. _____

All Questions contained in this questionnaire relating to your personal details are strictly confidential.

When you have completed this form please send via email to camcording@fact-uk.org.uk or by fax to 020 8560 6364



Point of Contact

Mr/Mrs/Ms/Miss/Other	Name
Position held	
Email	
Telephone no.	Fax no.

Cinema Details

Name	
Address	
Town	County
Postcode	

Details of Incident

Date	Time	
Film title		
Screen		
Any CCTV coverage available of suspect	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was recording disrupted prior to the end of the film	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please give a brief synopsis of the events that took place		

Details of Person(s) involved:

Name	Age (estimated)	Male/Female
Address		
Town	County	
Postcode		

Physical Description

Height

Build

Distinguishing marks

Clothing worn

Description of bag/holdall etc:

Details of any vehicles associated with incident (ie. Registration, colour, make, model)

Recording Device

Make/Model/Serial No.

Present location, if abandoned or seized

Use of disguise or concealment of equipment

Did the incident involve any of the following?

Threatening/abusive behaviour directed against cinema staff	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Threatening/abusive behaviour directed against a member of the public	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Cinema staff being assaulted or injured	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any CCTV coverage available of suspect	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A member of the public being assaulted or injured	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Cinema staff being traumatized	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A member of the public being traumatized	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Criminal damage occurring	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Disturbance within the auditorium	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Complaint from member of the public	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Police Action

Police Notified Yes No

Crime Number Ref:

Details of Officer notified	Name	Rank
	Station	
	Tel no.	

Additional Information
