



# SAFETY INCIDENT REPORT

“SEE SOMETHING UNSAFE? SHARE IT”



Use this form to share information that you feel is relevant to other agents. The information provided will be shared with all members on the Kentucky REALTORS® Safety Bulletin. **Completed forms can be emailed to Kentucky REALTORS® Safety Committee Liaison, Suzanne Reeves, [sreeves@kyrealtors.com](mailto:sreeves@kyrealtors.com) or mail in a physical copy to the KYR office. Identity of victims will remain private if desired.**

TYPE OF INCIDENT: ACCIDENT/INJURY PERSONAL THREAT CLIENT SAFETY CYBER SECURITY

YOUR NAME: \_\_\_\_\_ BEST CONTACT#: \_\_\_\_\_

YOUR COMPANY NAME: \_\_\_\_\_

YOUR LOCAL BOARD: \_\_\_\_\_

IMMEDIATE NOTIFICATIONS MADE? (Check all that apply)  Your BROKER  Your BOARD  STATE or LOCAL POLICE

NAME of INDIVIDUALS INVOLVED: (ie., Seller, Buyer, Other Agent, etc.) \_\_\_\_\_

CONTACT INFO USED BY OTHER PARTY: Ph# \_\_\_\_\_ EMAIL \_\_\_\_\_

EVENT DESCRIPTION:

DATE(s): \_\_\_\_\_ LOCATION: \_\_\_\_\_

TIME(s): \_\_\_\_\_ WITNESSES? \_\_\_\_\_

DESCRIBE THE INCIDENT BELOW:

LESSON TO SHARE:

We would like to offer more assistance. Please let us know if you would like to be connected to a KYR Safety Committee member for additional support. Yes, please connect me  No, thank you

SIGNATURE OF REPORT PROVIDER: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF BROKER/SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

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