## UNIT 5 SECURITY & INVESTIGATION (PTY) LTD

# CLIENT EMERGENCY CONTACT & ESCALATION FORM

| Priority | Name / Role | Primary Number | Alternative Number | Email |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

## Escalation Instructions

Police / SAPS instruction or case reference procedure: _____

Medical / Fire / Emergency instructions: _____

After-hours site access instructions: _____

Special hazards / restricted areas: _____

Client Authorisation: _____ Date: _____