

INCIDENT REPORT

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Today's Date: _____

Report #: _____

Use this form to report all incidents (IF YOUR MANAGER APPROVED USAGE OF THIS FORM IN ADVANCE), including but not limited to injuries, any type of claims, guest related, staff related or just passerby related. BE VERY ACCURATE ON THE STATEMENT, make it clear if you were personally witness to the incident or it is just what you heard and who from. Immediately call 911 if law enforcement presence required.

Full Name of Person(s) involved: _____

Street Address: _____ City: _____ ST: _____ ZIP _____

Phone: _____ Cell: _____ Other: _____

DOB: _____ DL #: _____ Issue State: _____

Was the person involved a (circle one), Hotel Guest Visitor Employee Vendor Other : _____

Is the person involved making a claim? (Circle one) YES NO

The name of the person completing this form: _____

What is your position in this hotel? _____

CIRCLE on these options: 1- I was personally witness to the incident when happened.

2- I am just reporting the statements of the person and/or were directly witness.

How many witnesses are there? _____ (Name, Phone# and address of all witnesses on the page 2)

Incident Details Date of Incident: _____ Time of incident: _____

Location of incident: _____

Tag and Car info if any involved: _____

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Action by the hotel: (NOTICE, you must call law enforcement and/or medical assistance if any injury could be claimed and or the law enforcement presence is necessary even if the claimant refuses them)

Law Enforcement Name(s) if any:

Medical Assistance Personnel Name(s) if any:

Any picture taken? YES NO I don't Know Location of the pictures:

Who will receive this report? :

Full Name of the witness ONE:

Employee of the hotel? _____

Street Address:

City:

ST:

ZIP

Phone:

Cell:

Other:

Full Name of the witness Two:

Employee of the hotel? _____

Street Address:

City:

ST:

ZIP

Phone:

Cell:

Other:

Full Name of the witness Three:

Employee of the hotel? _____

Street Address:

City:

ST:

ZIP

Phone:

Cell:

Other:

DOB:

DL #:

Issue State:

Full Name of the witness Four:

Employee of the hotel? _____

Street Address:

City:

ST:

ZIP

Phone:

Cell:

Other:

Signature of the person completing this report: