

# **INCIDENT REPORT FORM**

Name of Premises		Location	
Date		Time	

## TYPE OF INCIDENT

Disorder / Violence		Ejection		Complaint		Drunkenness	Theft / Fraud	
Crime Reported		Drugs		Weapons		CCTV Fault	Police / Council Visit	

NAMES, CONTACT DETAILS, DESCRIPTIONS OF PERSONS INVOLVED<sup>1</sup>

Person A	
Person B	
Person C	

<sup>1</sup>Names & contact details should only be sought if persons involved willingly co-operate. Under no circumstances should these be demanded where this may result in further conflict; in these cases a description will suffice.

# CLEAR AND CONCISE DESCRIPTION OF THE INCIDENT

Include any actions you took, any actions taken against you, your perception of the incident as it unfolded and details of any witnesses present.



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To the best of my knowledge this is a complete & accurate description of the events which took place.

## REPORT WRITTEN BY

Signature	
Print Name	
Position	
Date	

#### **DUTY MANAGER**

Signature	
Print Name	
Position	
Date	

