

INCIDENT LOG

REPORT NO. 0000

Company Name
Address
Web/Email
Phone Number

Place of incident:

Manager on duty:

Date:

Time of incident:

Postcode:

Head Office Report Form Completed

YES ☐ NO ☐

Type of incident? (Please tick)

Admission Refusal ☐ Domestic ☐ Drugs ☐ Scruffle ☐ Fight ☐ Intoxication ☐
Anti-Social Behaviour ☐ Theft ☐

To be COMPLETED BY THE WITNESS (Give full details of incident. Be sure to include the following criteria:)

Circumstances leading up to the incident. What force was needed to eject and why? The nature of any injuries (customers & staff)

Detailed description of the individual concerned. Whether any allegations made against staff?

WITNESS STATEMENT

Full Name

Signature:

Position:

Was incident captured on unit CCTV? YES ☐ NO ☐ MAYBE ☐

If incident was captured ensure that the tape is labelled with incident number and date. Store SD card, disc or hardware footage in unit safe for a minimum of twelve weeks. Receipt to be obtained if Police size SD card, disc or hardware as evidence.

Were Emergency Services called? YES ☐ NO ☐ FIRE ☐ POLICE ☐ AMBULANCE ☐

Police officers attending:

Name:

Number:

Name:

Number:

Witnesses

1. Name (Customer/Staff)

2. Name (Customer/Staff)

Address:

Address:

Tel:

Tel:

Managers Comments:

Can lessons be learned from the handling of this incident for training purposes? YES ☐ NO ☐

If so, please state and incorporate in the next training sessions.

Manager's Signature:

Date:

Regional Manager's Signature:

Date: