

# INCIDENT LOG

Company Name  
Address  
Web/Email  
Phone Number

REPORT NO. 0000

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     Scuffle     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 his 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: