

THEATRE CUSTOMER INCIDENT REPORT

LOCATION _____	FULL ADDRESS _____	
DATE OF INCIDENT _____	TIME OF INCIDENT _____	MANAGER ON DUTY _____
NAME OF INJURED PERSON _____	AGE _____	DATE REPORTED _____
ADDRESS _____		
EMPLOYER _____		
PHONE: HOME _____	BUSINESS _____	

NATURE OF INJURIES _____

COMMENTS MADE BY THE INJURED PARTY _____

DETAILED DESCRIPTION OF THE INCIDENT (DESCRIBE FULLY & LIST OBSERVATIONS WITH PERTINENCE TO THE ACCIDENT, E.G., BROKEN SEAT, WET FLOOR, EXPOSED MATERIAL, IDENTIFICATION OF INDIVIDUAL, TYPE OF FOOTWEAR-BE SPECIFIC, ETC.)

DESCRIPTION OF THE AREA OF THE INCIDENT _____

WERE POLICE OR SECURITY OR 911 CALLED? (YES/NO) _____ (IF YES, ATTACH COPY OF THE REPORT, IF APPLICABLE)
 TIME CALLED _____ BY WHOM _____ WERE POLICE/SECURITY ON DUTY AT TIME OF INCIDENT? (Y/N) _____

I. WITNESS NAME _____ PHONE (HOME/BUSINESS) _____
 FULL ADDRESS _____
 IS WITNESS AN EMPLOYEE? _____ PATRON? _____
 COMMENTS MADE BY WITNESS (ATTACH STATEMENTS, IF APPLICABLE) _____

II. WITNESS NAME _____ PHONE (HOME/BUSINESS) _____
 FULL ADDRESS _____
 IS WITNESS AN EMPLOYEE? _____ PATRON? _____
 COMMENTS MADE BY WITNESS (ATTACH STATEMENTS, IF APPLICABLE) _____

ACTION TAKEN BY MANAGEMENT _____

FURTHER REMARKS? _____

COMPLETED BY _____ TITLE _____ PHONE _____ DATE _____
 (PLEASE PRINT)