

Non-Employee (Customer) Incident Report

Section 1: STORE INFORMATION (Employee completes Section 1 and returns completed form to Supervisor/Manager)		
First Name:	Last Name:	Store Number:
Store Address:	Work Phone:	Store Name:
Date of Report:		
Section 2: INJURED & ACCIDENT INFORMATION: (Injured completes Sections 2 and 3 if applicable)		
Name of Injured:	Phone Number:	
Address:	City, State, Zip:	
Type of Injury:		
Date of Incident:	Time of Incident:	
Detail of incident:		
Section 3: DAMAGE TO PROPERTY:		
Describe Damage:		
Section 4: WITNESS INFORMATION:		
Name (Print):	Phone:	
Address:	City, State, Zip:	
Name (Print):	Phone:	
Address:	City, State, Zip:	