



# INCIDENT REPORT FORM

Date \_\_\_\_\_ Time \_\_\_\_\_

Establishment \_\_\_\_\_

Report Completed by \_\_\_\_\_

Customer Name (if known) \_\_\_\_\_

Customer Description \_\_\_\_\_

Sex (Gender) \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Clothing \_\_\_\_\_

Other \_\_\_\_\_

Alone, or with  Others

**DESCRIBE SIGNS OF INTOXICATION:**

Language / Speech \_\_\_\_\_

Physical Actions \_\_\_\_\_

Judgements \_\_\_\_\_

Other / Unusual Actions \_\_\_\_\_

**Server Actions** (check steps taken, comments on back of form)

Food or Alternative Beverages

Informed Manager

Refused Customer Service

Discouraged Customer from Driving

Arranged Alternative Transportation

Did Customer Drive?  YES  NO

If yes, were police called?  YES  NO

SIGNATURE \_\_\_\_\_