

CUSTOMER INCIDENT REPORT

This form applies to all incidents involving the public while on your property.

This form is for internal use only and must be completed by Management.

COMPANY NAME:

DATE:

ADDRESS:

YOUR NAME:

POSITION:

PHONE:

INCIDENT INFORMATION

DATE OF INCIDENT:

DESCRIPTION OF INCIDENT AND HOW IT OCCURRED:

DID WE DO ANYTHING TO CONTRIBUTE TO INCIDENT? (WET FLOOR, POOR LIGHTING, ETC.)

NAME OF WITNESS:

WITNESS PHONE:

AFFECTED PARTIES

NAME(S):

ADDRESS(ES):

HOME PHONE:

OTHER PHONE:

WAS TREATMENT GIVEN or SOUGHT?

WHERE WAS TREATMENT GIVEN (NAME, ADDRESS, PHONE):

WAS A CONLON COMPANY BUSINESS CARD GIVEN OUT? Y/N

PLEASE FAX THIS FORM AND ANY MEDICAL BILLS CREATED AS A RESULT OF THIS INCIDENT TO YOUR SUPERVISOR AND TO CONLON COMPANY (843) 883-5299.

THANK YOU.