



INCIDENT REPORT FORM

GUEST and PROPERTY

Email Form with Back-Up Documentation to Risk Manager

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For Serious Incidents Contact

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REPORTED BY:	DATE:
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<u>LOCATION OF INCIDENT:</u>	Location Code: Date of Incident: Time:
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<u>TYPE OF INCIDENT:</u> (guest injury, food illness complaint, personal property damage, theft, restaurant property damage, other): food illness complaint

<u>DESCRIPTION OF INCIDENT/PROPERTY DAMAGE:</u>

AUTHORITIES CONTACTED?: (911, police, fire, other)

<u>GUEST NAME/CONTACT INFORMATION:</u> (Last, first: Email: Phone/cell:
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<u>WITNESS (name/contact number)</u>

Report Form is a TRC Internal Document-Not for Outside Distribution