INCIDENT / ACCIDENT REPORT

Staff Statement (please write in block capitals).

Your details:

Name: .....

Address: .....

.....

Phone: ..... Position: .....

Incident details:

Date: .....

Time: .....

Location: .....

Duty Manager at time: .....

Names or descriptions of all those people involved in the incident, including witnesses:

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What was the action taken (e.g. were people thrown out / emergency services called):

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Statement - Please give precise details of the incident, including what happened before, during and after.

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☐ Tick here if the statement continues on a separate sheet

If so what page is this – Page ..... of ..... .

All the information contained within this report is accurate and correct to the best of my knowledge

SIGNED: ..... DATE: .....

INCIDENT / ACCIDENT REPORT

Staff Statement continued - page ..... of ..... .

All the information contained within this report is accurate and correct to the best of my knowledge

SIGNED: ..... DATE: .....