

### Incident Report Form

<b>Premises Name</b>			
<b>Location</b>			
<b>Date</b>		<b>Time</b>	

#### 1. Type of Incident (Tick all that apply)

- ☐ Disorder / Violence   
 ☐ Ejection   
 ☐ Complaint   
 ☐ Drunkenness  
☐ Theft / Fraud   
 ☐ Crime Reported   
☐ Drugs   
 ☐ Weapons  
☐ Police / Council Visit   
☐ CCTV Fault   
☐ Other (specify): \_\_\_\_\_

**Persons Involved** (Names & contact details should only be requested if individuals willingly provide them. If they refuse, provide a description only.)

Person	Name (If provided)	Contact Details (optional)	Description
1			
2			
3			

#### 2. Detailed Description of the Incident

**Include:**

*Events leading up to the incident*  
*Actions taken by the individuals involved*  
*Details of any witnesses*

*Actions taken by staff/door supervisors*  
*Any injuries, damage, or escalation*  
*If police or emergency services attended*

#### Clear Account of Incident


#### 3. Actions Taken by Staff

*Examples: refusal of service, ejection, first aid, calling police, securing CCTV, separating parties, logging in refusal book.*


#### 4. Police / Council Engagement (if applicable)

- Were the Police Contacted? ☐ Yes ☐ No Time Contacted: \_\_\_\_\_
- Time of Police Arrival \_\_\_\_\_
- Officer Names / Collar Numbers: \_\_\_\_\_
- Incident / CAD Number: \_\_\_\_\_

#### 5. First Aid Information

Was First Aid Required? ☐ Yes ☐ No Time First Aid Given: \_\_\_\_\_

Nature of Injury / Medical Issue: \_\_\_\_\_

First Aid Administered By: Name: \_\_\_\_\_ Position: \_\_\_\_\_

Description of First Aid Provided: (Details of treatment, equipment used, aftercare, etc.)

Was an Ambulance Requested? ☐ Yes ☐ No Time Requested: \_\_\_\_\_ Ambulance Arrival Time: \_\_\_\_\_

Was the injured person advised to seek further medical treatment? ☐ Yes ☐ No

#### 6. CCTV Evidence

7.

- Was CCTV footage available? ☐ Yes ☐ No
- Footage saved/exported? ☐ Yes ☐ No
- CCTV reference (camera No / time range): \_\_\_\_\_

#### 8. Reporter Declaration

I confirm that the information provided in this report is, to the best of my knowledge, a true and accurate account of the incident.

#### Report Completed By:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### 9. Duty Manager Review

I confirm that I have reviewed this report and accept it as an accurate account of the incident.

Manager Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Notes for Managers

- Ensure this form is completed as soon as possible after the incident.
- Save CCTV footage immediately where required.
- Incident reports must be stored securely and may be requested by police or Licensing Authorities.
- *Serious incidents may require completing the venue's additional reporting procedures.*