



guidelines for completing **Customer & Visitor Incident Report**

When to Use This Form

Use the Customer & Visitor Incident Report whenever something unusual, unsafe, disruptive, or potentially serious occurs inside the store or anywhere on store property. This includes the parking lot, sidewalk, entrances, receiving areas, and other areas controlled by the business.

Examples include an injury or illness, slip or fall, customer dispute, threatening behavior, suspected theft, property damage, vehicle incident, fire, safety hazard, or emergency response.

If your business already has an incident response procedure, follow that procedure. If it does not, use the following steps as a guideline. This does not constitute legal advice.

What to Do

Address Immediate Safety Needs

Make sure the area is safe. Move people away from an immediate danger, but do not move an injured person unless leaving them in place creates a greater danger.

For a serious injury, medical emergency, fire, threatening situation, weapon, or immediate danger, call 911. Do not delay emergency assistance while trying to contact the owner or manager.

Offer reasonable first aid only within your training and ability. Do not diagnose an injury or medical condition.

Notify the Manager or Owner

Contact the manager or owner as soon as the immediate situation is under control. Follow any instructions they provide regarding insurance notification, property management, security, law enforcement, or additional follow up.

Protect the Area

If the incident involved a spill, obstruction, damaged fixture, unsafe condition, or other hazard, prevent others from entering the area.

Take photographs before cleaning, moving, or correcting the condition when it is safe to do so. Once the condition has been documented, correct or secure it so no one else is injured.

Do not discard, repair, sell, return, or alter any merchandise, equipment, fixture, or other item involved in the incident.

Gather Basic Information

Obtain the name and contact information of each person involved. If more than one person was involved, attach the additional names and contact information to the report.

If a minor is involved, obtain the parent or guardian's information and document whether the parent or guardian was present or contacted.

Ask witnesses for their names and contact information. When possible, have each witness provide a separate written statement in their own words.

Do not argue with anyone, accuse anyone, or attempt to decide who was at fault.



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Complete the Incident Report

Complete the report as soon as possible, preferably before the end of the employee's shift.
Record:

1. What you personally saw or heard
2. What the involved person or witnesses told you
3. What happened immediately before, during, and after the incident
4. Any visible conditions, injuries, damage, or hazards
5. Assistance that was offered or provided
6. Whether 911, law enforcement, fire and rescue, or security responded
7. Actions taken by employees or management

Use clear, factual language. Include exact statements in quotation marks when they are important. If you did not personally witness the incident, identify who provided the information.

Do not guess, speculate, assign blame, diagnose an injury, or include personal opinions.

Preserve Documentation

Save any available security video immediately so it is not automatically recorded over.

Keep photographs, witness statements, receipts, transaction records, damaged items, police or agency information, and other supporting materials with the incident report.

Do not post photographs, video, names, or information about the incident on social media. Do not discuss the incident with customers or employees who are not involved in managing it.

Submit the Report

Sign and date the completed report and give it to the manager or owner. The manager or owner should review and sign it, determine whether additional follow up is needed, and store the report and supporting documentation securely.

Important Reminders

Be calm, respectful, and attentive to the person involved. Showing concern is appropriate. Admitting fault or promising payment is not.

Do not promise that the store or its insurance company will pay medical bills, repair costs, refunds, or other expenses.

Do not ask an injured person to sign a release or waiver unless the document and procedure have been approved by the business's attorney or insurance provider.

When in doubt about immediate safety, call 911. A form can wait. An emergency cannot.

CUSTOMER & VISITOR INCIDENT REPORT

INCIDENT INFORMATION

Store Name:

Store Location:

Date of Incident:

Time of Incident:

Location Inside/Outside of Store Property:

Reported By:

Position:

Were You Present When the Incident Occurred?

If No, Who Provided the Information In This Report?

PERSON(S) INVOLVED

Person Involved *If More Than One Person Was Involved, Attach Their Name/Contact Information to This Report*

If a Minor, Parent/Guardian's Name

Address

Parent or Guardian's Telephone Number

Telephone Number

Was the Parent or Guardian Present?

☐ Yes

☐ No

Email

If No, When and How Were They Contacted?

Person's Role

☐ Customer

☐ Visitor or Guest

☐ Contractor

☐ Child or Minor

☐ Delivery Driver

☐ Other _____

DESCRIPTION OF INCIDENT

Type of Incident

☐ Injury/Illness

☐ Slip, Trip, or Fall

☐ Customer Dispute

☐ Suspected Theft

☐ Property Damage

☐ Fire

☐ Vehicle Incident

☐ Threatening/Disruptive Behavior

☐ Other: _____

Conditions *Were any of the following involved? If no apparent hazard, note that in the Description of Incident*

☐ Wet Floor/Spill

☐ Obstruction

☐ Merchandise

☐ Fixture/Equipment

☐ Door/Entrance

☐ Uneven Surface

☐ Weather Condition

☐ Vehicle

☐ Other: _____

Description of Incident: *Describe what happened, include what occurred immediately before and after the incident. Use exact statements.*

EMERGENCY RESPONSE | fire & rescue

Type of Emergency

☐ Medical ☐ Fire

Was In-Store First-Aid Offered?

☐ Yes ☐ No

Was In-Store First-Aid Accepted?

☐ Yes ☐ No

Was 9-1-1 Called?

☐ Yes ☐ No

Was Person Transported?

☐ Yes ☐ No

If Yes, Agency Name

If Yes, Describe the Reported/Visible Injury/Condition And/Or Nature of Fire

EMERGENCY RESPONSE | law/security

Did an Emergency Agency, Law Enforcement Officer, or Security Officer Respond? ☐ Yes ☐ No

If Yes, Agency Name

WITNESSES *Attach Written Witness Statements When Available*

Were there witnesses to incident?

☐ Yes ☐ No

Witness #1 Name

Witness #1 Phone or Email

Witness #2 Name

Witness #2 Phone or Email

DOCUMENTATION

Were Photographs Taken

☐ Yes ☐ No

Is Security Video Available?

☐ Yes ☐ No ☐ Unknown

Was the Video Saved?

☐ Yes ☐ No ☐ N/A

Other Records or Evidence Saved

Additional Details or Follow-Up Needed

REPORT COMPLETED BY

Name Printed

Signature

Reviewing Manager/Owner

Position

Date

Date