

Customer Incident Investigation Form

This form is to be completed in the event of a customer incident. If a customer is injured and needs immediate medical assistance, call 911. Remain calm and professional while being supportive to the customer, but never directly admit fault. The information in this form should be gathered and filled in by the on-duty manager. Do not have the customer fill out any part of this form. Make any additional notes that you feel are pertinent. File this form with any other documents relating to the incident so they can be reviewed at a later date, if necessary.

Restaurant Information

Location: _____ Phone: _____

Manager on duty: _____

Customer Information

Name: _____

Sex: (M / F) D.O.B: _____ Est. Height: _____ Est. Weight: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home phone: _____ Work phone: _____

Nature of injury or property damage:

If there was physical injury, was medical assistance provided? (Yes / No) If yes, describe:

Transported for further medical care by: Ambulance: _____ Private Vehicle: _____

Incident Description

Date of Occurrence: _____ Time of Occurrence: _____ (A.M. / P.M.)

Exact location of occurrence:

Customer's description of the incident:

Customer's attitude: _____

Did customer appear to be intoxicated? (Yes / No)

Nonemployee Witnesses

Record the names and phone numbers of any witnesses to the incident:

Record witness statements on a separate page and attach to this form.

Employee Witnesses

Record the names of all employees who witnessed or responded to the incident:

Record employee statements on a separate page and attach to this form.

Food-related Incidents

Description of food item(s) involved:

Was there a foreign object in the food? (Yes / No) If yes, describe the object:

Name or names of the employee(s) who prepared the food:

Ingredients supplied by: _____

Any other notes concerning the food-related incident: _____

Slips and Falls

Description of surfaces involved. Note its makeup, condition and the existence of any foreign substances: _____

Did the incident occur outside? (Yes / No) If yes, describe the weather conditions at that time. Note any effects the weather had on the surface: _____

Whether inside or out, describe any preventive measures or warnings in place to alert the customer of a potential hazard: _____

Describe the customer's footwear: _____
Describe what, if anything, the customer was carrying: _____

If possible, take photos of the surface immediately following the incident.

Report recorded and filed by: _____

Date: _____