

CUSTOMER AND PUBLIC INCIDENT REPORT

STORE INFORMATION

STORE NAME _____ STORE # _____ TEL# _____
STORE ADDRESS _____
CITY _____ STATE _____ ZIP _____

CUSTOMER INFORMATION

CUSTOMER NAME _____ DATE OF BIRTH _____ SS# _____
CUSTOMER ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME TEL# _____ WORK TEL# _____

INCIDENT INFORMATION

DATE OF INCIDENT _____ EXACT TIME _____ AM OR PM
DESCRIPTION OF INCIDENT _____

LOCATION OF INCIDENT _____ LOCATION CLEAN _____ YES _____ NO
DESCRIBE FOREIGN MATTER OR DEFECTS _____ FLOOR TYPE _____
WET FLOOR SIGNS _____ YES _____ NO LIGHTING CONDITIONS _____
LAST INSPECTION BEFORE INCIDENT _____ AM OR PM # OF PHOTOS TAKEN _____
NATURE OF INJURY _____
MEDICAL PROVIDER SEEN _____
IF CART CLAIM, WAS EMPLOYEE INVOLVED? _____ YES _____ NO EMPLOYEE NAME: _____

WITNESS INFORMATION

CUSTOMER'S COMPANION, IF ANY _____
ADDRESS _____ TEL# _____
CUSTOMER WITNESSES:
NAME _____ ADDRESS _____
NAME _____ ADDRESS _____
EMPLOYEE WITNESSES:
NAME/DEPT. _____ ADDRESS _____
NAME/DEPT. _____ ADDRESS _____
INFORMANT NAME _____ TEL # _____
ADDRESS OF INFORMANT _____

SUBMITTED BY _____ TITLE _____
PRINTED NAME _____ DATE SUBMITTED _____

SUBMIT TO:
AVANT SUPERMARKET GROUP
PO BOX 815
OLATHE, KANSAS 66051 PHONE
816-251-1670
FAX 816-866-9223
claims@avantsupermarketgroup.com