



INCIDENT REPORT FORM

Establishment _____

Report Completed by _____

Date _____ Time _____

Customer Name (if known) _____

Customer Description

Sex _____ Age _____ Weight _____

Clothing _____

Other _____

Alone, or with others?

Describe Signs of Intoxication:

Language /Speech _____

Physical Actions _____

Judgements _____

Other / Unusual Actions _____

Server Actions (check steps taken, comments on back of form)

- Food or Alternative Beverages
- Informed Manager
- Refused Customer Service
- Discouraged Customer from Driving
- Arranged Alternative Transportation

Did customer drive? Yes No

If yes, were police called? Yes No

Signature: _____