

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 _____ TYPE OF SHOES _____
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:
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