ShieldHOTELS

Guest Incident Report

Hotel Information

Hotel Name: _____ General Manager/M.O.D.: _____
Date of Incident: _____ Time of Incident: _____
Reported By: _____ Date of Report: _____

Injuried Person/Damaged Property Owner Information:

First and Last Name: _____
Street Address: _____
City/State/Zip Code: _____
Home Phone Number: _____ Cell Phone Number: _____

Type of Incident

Property Damage Missing Property
Injury

Injury Treatment: First Aid? Yes/No Refused First Aid? Yes/No
EMS Called? Yes/No Transport? Yes/No Refused Transport? Yes/No
Comments: _____

Incident Information

Location of Incident: _____

Conditions of Location: _____

Description of Incident: _____

Witness Information

First and Last Name: _____
Street Address: _____
City/State/Zip Code:
Home Phone Number: _____ Cell Phone Number: _____
Witness Statement: _____

Signature of Witness _____ Date: _____