

INCIDENT REPORT

Name of Licensed Premises: _____

Date of Incident: _____ Time of Incident: _____ am/pm

Location of Incident: _____

Name of each crowd controller and/or employee of the licensee involved in the incident:

Name of approved manager who was on duty when the incident took place:

Type of Incident

Details of the Incident

juvenile - no id

juvenile - fake id

patron intoxicated

patron refused entry

patron asked to leave

patron removed

staff injured

patron injured

indecent behaviour

noise complaint

other complaint

other

What action was taken?

Which authorities were notified?

WA Police

Emergency Services (please specify) _____

Racing, Gaming & Liquor

Other _____

I declare that all details are true and correct and no relevant information has been omitted.

Signature of person reporting incident

Date

Position

Signature of Licensee/Approved Manager
(if not person reporting the incident)

Date

Position