



## CUSTOMER INCIDENT REPORT

Restaurant # \_\_\_\_\_ Date of Report \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Incident \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time of Incident \_\_\_\_\_ AM / PM

Restaurant Address \_\_\_\_\_

Phone # \_\_\_\_\_ Owner \_\_\_\_\_

Manager on Duty \_\_\_\_\_

Manager's Home Phone Number \_\_\_\_\_

Customer Name \_\_\_\_\_

Customer Address \_\_\_\_\_

Customer's Home Phone Number \_\_\_\_\_

Business Phone Number \_\_\_\_\_

### DETAILS OF INCIDENT

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Witness Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Witness Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

### Weather Conditions, if applicable

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### Comments Made by Customer, if Any

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Signature of Person Making Report

\_\_\_\_\_  
Title