

# LORI'S GIFTS

Enhancing the hospital experience

## **Customer Incident/Accident Report Form**

Instruction: This form must be completed by the store manager whenever an accident/incident occurs with a customer and or vendor. The assistant manager or authorized designate for the store will be responsible for completing this form in the absence of the store manager. The store manager must ensure a copy of the completed report is forwarded to the Human Resources Manager.

<b>Person filling out this report</b>	<b>Customer/Visitor/Vendor Involved</b>
Name:	Name:
Job title:	Address:
	City, ST Zip:
	Phone: (    )

<b>The following sections should be completed for all incidents:</b>	
Date of incident:	Approximate time of incident:
Location of incident (be specific as to where, in what room or part of the property, etc):	
Description of Incident/accident:	
What is the nature of the injury/ property damage?	
If injuries were involved, <input type="checkbox"/> ER visit, <input type="checkbox"/> Will seek medical attention, or <input type="checkbox"/> Medical attention not being sought at this time. (Checking this box does not prevent future medical attention should you change your mind or condition worsens.)	
Were their witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No List names & phone # if other than employee:	
Involved Party Signature:	Date:

<b>Employer/Management Use only</b>	
Signature:	Date: