

HOTEL GUEST INCIDENT REPORT FORM

INDIVIDUAL FILING REPORT

Full Name: _____ Title/Role: _____

Signature: _____ Date: _____

INCIDENT DETAILS

Date of Incident: _____ Time: _____ ☐ AM ☐ PM

Location: _____

Was an employee involved in the incident? ☐ Yes ☐ No

If yes, enter their name: _____

Was any hotel equipment involved in the incident? ☐ Yes ☐ No

If yes, describe: _____

Was the supervisor notified? ☐ Yes ☐ No

Describe the Incident:

GUEST INFORMATION

1. Guest Name: _____ Phone: _____ E-Mail: _____
Date of Booking: _____ Room Number: _____

2. Guest Name: _____ Phone: _____ E-Mail: _____
Date of Booking: _____ Room Number: _____

3. Guest Name: _____ Phone: _____ E-Mail: _____
Date of Booking: _____ Room Number: _____

INJURIES

Was anyone injured? ☐ Yes ☐ No

If yes, describe the injuries:

WITNESSES

Were there witnesses to the incident? ☐ Yes ☐ No

If yes, enter the witnesses' names and contact info:

1. Full Name: _____
Phone: _____
E-Mail: _____
2. Full Name: _____
Phone: _____
E-Mail: _____
3. Full Name: _____
Phone: _____
E-Mail: _____

POLICE / MEDICAL SERVICES

Police Notified? ☐ Yes ☐ No

If yes, was a report filed? ☐ Yes ☐ No

Was medical treatment provided? ☐ Yes ☐ No ☐ Refused

If yes, where was medical treatment provided?

☐ On site ☐ Hospital ☐ Other: _____

OFFICE USE ONLY

Report received by: _____

Signature: _____ Date: _____

Follow-up action taken: