

Incident Report Form

To be completed within 12 hours of incident/accident

Incident Date: 29 / 10 / 2016 Incident Time: 4:45 * APRX
Injured Person Name: NOT KNOWN
Address _____
Phone Number: _____
Male/Female: MALE Date of Birth: _____

Details of Incident:

A CUSTOMER WAS ATTACKED AS HE LEFT THE CLUB AND HIS MATES WANTED TO SEEK REVENGE, SO ENSURED THE CULPRITS AND THE SUPPOSED VICTIMS HAD A TIGHT. AS SECURITY STAFF TRIED TO ~~ATTEND~~ RESOLVE THE PROBLEM, THEY WERE ATTACKED WITH SHOVELS AND KNIVES AND THEY HAD BOTTLES THROWN AT THEM. SECURITY STAFF HAD TO DEFEND THEMSELVES.

Was there an injury? YES
What is the type of injury? BLEEDING LIPS, BRUISED RIBS.

Were emergency services called? YES Which type? POWERS
Case Reference Number (if known) NOT ~~KNOWN~~ 2796

Notes:

Incident Reported by:
Job Title STEWARD Print Name: Elio

Sign:  Date: 29 / 10 / 2016

Job Title _____ Print Name: _____

Sign: _____ Date: _____

Incident Report Form

To be completed within 12 hours of incident/accident

Incident Date: 29/10/2016 Incident Time: 2:AM APRX
Injured Person Name: NOT STATED
Address _____
Phone Number: _____
Male/Female: MALE Date of Birth: _____

Details of Incident:

A GROUP OF BOYS WERE REFUSED ENTRY INTO THE SHISHA AREA. NOT PLEASED WITH THE DECISION, THE ATTACKED ONE OF THE DOOR MEN. THE DOOR SUPERVISOR WAS HIT IN THE FACE WHILST SURROUNDED BY FOUR OR MORE GUYS AND HAD TO CALL FOR HELP WHILST DEFENDING HIMSELF. ALL MEASURES TO CALM THE BOYS DOWN FAILED AND STAFF WERE THREATENED WITH A ^{KNIFE}

Was there an injury? KNIFE NO
What is the type of injury? _____

Were emergency services called? yes Which type? Police
Case Reference Number (if known) _____

Notes:

Incident Reported by:

Job Title (STEWARD) Print Name: ERIC
Sign: [Signature] Date: 29/10/2016

Job Title _____ Print Name: _____

Sign: _____ Date: _____

