

PART A - INCIDENT LOG

Date

Time

Location

Reported by

Incident details (please tick appropriate boxes)

<input type="checkbox"/> Violence/aggression	<input type="checkbox"/> Intoxication	<input type="checkbox"/> Injury	<input type="checkbox"/> Theft	<input type="checkbox"/> Complaint
<input type="checkbox"/> Fail to quit	<input type="checkbox"/> Refuse entry	<input type="checkbox"/> Illicit drugs	<input type="checkbox"/> Minors	<input type="checkbox"/> Inappropriate conduct
<input type="checkbox"/> Self exclusion	<input type="checkbox"/> Refuse service	<input type="checkbox"/> Gaming	<input type="checkbox"/> Other _____	

Person description

Incident summary

Full report? ☐ No ☐ Yes If yes, incident report # (Part B)

Signature

Date