

## HOTEL INCIDENT REPORT FORM

Use this form to document any accidents, injuries, health emergencies, illegal activities, traffic mishaps, or behavioral issues involving guests. Complete this form within 24 hours following the incident.

Report Creation Date: \_\_\_\_\_, 20\_\_\_\_

### INDIVIDUAL INVOLVED

- **Name:** \_\_\_\_\_
- **Address:** \_\_\_\_\_
- **Identification Type:**
  - Driver's License (No. \_\_\_\_\_)
  - Passport (No. \_\_\_\_\_)
  - Other (Specify: \_\_\_\_\_)
- **Contact Information:**
  - **Phone:** (\_\_\_\_) - \_\_\_\_\_
  - **Email:** \_\_\_\_\_

### DETAILS OF THE INCIDENT

- **Incident Date:** \_\_\_\_\_, 20\_\_\_\_
- **Incident Time:** \_\_\_\_\_  AM  PM
- **Location of Incident:** \_\_\_\_\_
- **Incident Description:**

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### INJURY DETAILS

- **Any injuries?**  Yes  No
  - **If yes, describe the injuries:**

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### WITNESS INFORMATION

- **Were there witnesses?**  Yes  No
  - **If yes, provide witnesses' details (Name and Contact):**

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**EMERGENCY RESPONSE**

- **Police Notified?**  Yes  No
  - **Was a police report filed?**  Yes  No
- **Was medical assistance given?**  Yes  No  Refused
  - **Location of medical treatment (if provided):**  
 On-site  Hospital  Other: \_\_\_\_\_

**REPORT SUBMISSION**

- **Signature of Reporter:** \_\_\_\_\_
- **Date:** \_\_\_\_\_, 20\_\_\_\_
- **Name (Print):** \_\_\_\_\_

**FOR OFFICE USE ONLY**

- **Report Received By:** \_\_\_\_\_
- **Date Received:** \_\_\_\_\_, 20\_\_\_\_
- **Actions Taken:**

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