

# Retail Store Service Incident Report

## Incident Details

Date of Incident

Time of Incident

Store Location

Type of Incident

Select an option

## People Involved

Reported By

Witnesses (if any)

## Incident Description

Describe what happened

Provide a brief, factual description of the incident

## Action Taken

Immediate Actions Taken

Describe any actions taken after the incident

## Further Recommendations

Suggested Follow-Up or Prevention

Add suggestions or necessary follow-up actions

**Report Completed By**

Signature / Name

**Date**