

# Retail Store Service Incident Report

## Incident Details

Date of Incident

Time of Incident

Store Location

Enter store name or address

Type of Incident

Select an option

## People Involved

Reported By

Name and position

Witnesses (if any)

Names and contact details

## 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

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**Report Completed By**

Signature / Name

**Date**