

Customer Injury Incident Report

1. Incident Details

Date of Incident

Time of Incident

Location

Describe the Incident

2. Injured Customer Information

Full Name

Contact Number

Address

Additional Details (age, gender, etc.)

3. Injury Details

Nature and Extent of Injury

First Aid or Medical Assistance Provided

4. Witness Information

Name

Contact Number

Witness Statement

5. Manager/Staff Report

Immediate Actions Taken

Follow-up Actions Planned

Prepared By (Name & Position)

Date

Signature

(For print copy: sign here)

Date

Additional Notes

This report form is for internal use only.