

# Customer Injury Incident Report

## 1. Incident Details

Date of Incident

Time of Incident

Location

e.g. Store aisle, parking lot

Describe the Incident

Please provide details of what happened

## 2. Injured Customer Information

Full Name

Contact Number

Address

Additional Details (age, gender, etc.)

## 3. Injury Details

Nature and Extent of Injury

Describe parts of body injured, type of injury, severity, etc.

First Aid or Medical Assistance Provided

State care given and by whom

## 4. Witness Information

Name

Contact Number

Witness Statement

If applicable

## 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.*