

# Guest Injury Incident Report

## Incident Details

Date of Incident

Time of Incident

Location of Incident

e.g., Lobby, Room 101

## Guest Information

Guest Name

Contact Number

Room Number

Email

## Description of Incident

Describe what happened

## Injury Details

Type/Nature of Injury

Affected Body Part(s)

Was First Aid Provided? (If yes, describe)

**Witness(es)**

**Name(s) & Contact(s) of Witnesses**

**Reported By**

**Staff Name**

**Position/Title**

**Date**

**Signatures**

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Guest Signature

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Staff Signature