

# Guest Accident Investigation Report

## Guest Information

Full Name

Contact Number

Address

Room / Reservation Number

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## Accident Details

Date of Accident

Time

Accident Location

Nature of Accident

Description of Accident

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## Injury / Damage Information

Describe Injury or Damage

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Was medical treatment provided? If yes, describe

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## Witnesses

Names / Contact Information

Name, Contact

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## Investigation Summary

Probable Cause(s) of Accident

Corrective/Preventive Actions Taken

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## Management Comments

Additional Comments

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Guest Signature    Date

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Manager Signature    Date

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Staff Signature    Date