

Incident and Refusal of Service Form

Type of Incident: <input type="checkbox"/> Fake ID <input type="checkbox"/> Physical Altercation <input type="checkbox"/> Over-Intoxication <input type="checkbox"/> Other:		Date:
		Time:
Employees Involved:		
Form completed by:		
Owner / Manager contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Time:
If law enforcement is called for any reason, please fill out the appropriate section on the second page of this form.		

Customer Information

Name or Physical Description:		
Contact Information:		
Age: <input type="checkbox"/> Verified	Arrival Time:	Departure Time:

Fake Identification

Employee checking ID:	
Type of ID:	ID Number:
Details and resolution of incident:	

Physical Altercation

Was anyone injured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name(s):
Was medical treatment needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Administered by:
Type of treatment:	
Was hospitalization needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hospital taken to:
Was customer removed from the establishment due to incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Details and resolution of incident:	

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Over-intoxication

Did the customer become over-intoxicated at your establishment? Yes No

Visible signs of intoxication or how it was brought to your attention:

Actions taken by server to prevent or control over-intoxication (if applicable):

Number and types of drinks served (approximate alcohol volume):

Over what time period were drinks served:

Details and resolution of incident:

How did the customer leave your establishment?

Taxi or Bus Friend or Family Walked Bicycle Drove own car Other:

Vehicle make, model and color:

License Plate #:

Other:

Details and resolution of incident:

Law Enforcement Contacted? Yes No

Time of call to police:

Who called:

Police agency responding:

Officer(s):

Was a police report made? Yes No

Report #:

Witnesses

Witness Name:

Contact Info:

Witness Name:

Contact Info:

Witness Name:

Contact Info: