

INCIDENT REPORT

Name of Licensed Premises: _____

Date of Incident: _____ Time of Incident: _____ am/pm

Location of Incident: _____

Name of each crowd controller and/or employee of the licensee involved in the incident:

Name of approved manager who was on duty when the incident took place:

Type of Incident

Details of the Incident

☐ juvenile - no id

☐ juvenile - fake id

☐ patron intoxicated

☐ patron refused entry

☐ patron asked to leave

☐ patron removed

☐ staff injured

☐ patron injured

☐ indecent behaviour

☐ noise complaint

☐ other complaint

☐ other

What action was taken?

Which authorities were notified?

☐ WA Police ☐ Emergency Services (please specify) _____

☐ Racing, Gaming & Liquor ☐ Other _____

I declare that all details are true and correct and no relevant information has been omitted.

Signature of person reporting incident

Date

Position

Signature of Licensee/Approved Manager

Date

Position