Hotel Guest Incident Report Form

Safety & Compliance

DATE OF INCIDENT	TIME OF INCIDENT	REPORT COMPLETED BY	POSITION / DEPARTMENT
____ / ____ / _____			

GUEST DETAILS

Guest name _____

Room number _____

Contact phone / email _____

Loyalty / membership number _____

INCIDENT DETAILS

Exact location of incident _____

Type of incident ☐ Injury / fall ☐ Property damage ☐ Theft ☐ Illness ☐ Disturbance ☐ Other

Description of what happened

Conditions at scene (wet floor, lighting, etc.) _____

INJURY DETAILS (IF APPLICABLE)

Nature of injury _____

Body part affected _____

First aid provided _____

Ambulance called ☐ Yes ☐ No ☐ N/A

Hospital attended _____

WITNESSES

Witness 1 name and contact _____

Witness 2 name and contact _____

CCTV available (camera ID, time) _____

IMMEDIATE ACTIONS TAKEN

Actions taken at scene

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☐ Hazard made safe

Guest compensation offered _____

☐ Photos taken

FOLLOW-UP

Manager notified _____

☐ Insurance / risk team notified

Corrective action to prevent recurrence

Report completed by (signature) _____

Duty manager (signature) _____

Notes

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