



Customer Incident Report

Store # _____ Date of Report _____

Date of Incident _____ Time of Incident _____

Store Address _____

Manager on Duty _____ Manager Phone # _____

Customer Name _____ Customer Phone # _____

Customer Address _____

Details of Incident

Witness Name _____ Phone Number _____

Address _____

Witness Name _____ Phone Number _____

Address _____

***Attach any witness statements to this report**

Comments made by customer, if any

Signature of Person Making Report

Job Title

