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| --- | --- | --- | --- | --- | --- | --- |
| Date and time of incident | | | | | | |
| Nature of incident  (Choose from list) | Inappropriate behaviour |  | Refusal of member or guest (state reason) |  | Damage to premises or personal property |  |
| Assault/fight |  | Theft of property |  |
| Accident requiring first aid treatment |  | Drug use (state drug if known) |  | Other (state reason) |  |
| Location of incident |  | | | | | |
| Description of events | Where were you?  What did you see/hear? What happened first? Who was there?  Photographs/videos? Trespass notice served? Police called? When?  Ambulance?  Were there witnesses? |  | | | | |

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| --- | --- |
| Witnesses | (List names and or a brief description of all persons you saw near the incident) |
| Date and Time of completing report |  |
| Declaration | I hereby declare this report to be a true and accurate statement describing the event I witnessed  Signature: |