|  |
| --- |
| 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 witnessedSignature: |