GENERAL INCIDENT REPORT

(Non-Accident / Non-Injury Incident Documentation)

DATE OF INCIDENT:	TIME:	PROPERTY:
MANAGER ON DUTY:	MANAGER CONTACT #	

INCIDENT TYPE

☐ Theft / Burglary / Robbery	☐ Security Concern / Suspicious Activity
☐ Vandalism	☐ Disturbance / Altercation (no injury)
☐ Property Damage (non-vehicle)	☐ Weather / Natural Event
☐ Vehicle / Property Damage - Guest	☐ Utility Failure (water, gas, etc.)
☐ Vehicle / Property Damage - Company	☐ Health Department / Regulatory Visit
☐ Power Outage / Equipment Failure	☐ Policy or Procedure Violation
☐ Fire / Smoke	☐ Other (describe below)

INCIDENT DETAILS

ADDRESS WHERE INCIDENT OCCURRED:	
EXACT LOCATION OF INCIDENT (EX: Lobby, Drive Thru, Back Office, Parking Lot, etc.):	
DATE/TIME DISCOVERED OR REPORTED:	**PERSON REPORTED TO:**

DESCRIBE THE INCIDENT. (Be specific — what happened, what caused it, what was affected or involved)

PERSONS INVOLVED

PERSONS INVOLVED	ROLE (Employee, Guest, Vendor, etc.)	CONTACT NUMBER

WITNESSES

WITNESS NAME	ADDRESS	PHONE

LAW ENFORCEMENT / EMERGENCY RESPONSE

WERE POLICE / FIRE / EMS CONTACTED? YES ☐ NO ☐	**REPORT / CASE #:**
RESPONDING AGENCY / OFFICER NAME:	**PHOTOS / VIDEO TAKEN? YES ☐ NO ☐**

INCIDENT REPORT COMPLETED BY:	
POSITION:	**BEST CONTACT NUMBER:**

By signing below I certify that all information is true and correct to the best of my knowledge.

Sign name here

INCIDENT CHECKLIST

Once this form is complete make sure you do the following:

1. Notify your General Manager and District Manager of the incident.
2. If applicable, notify the appropriate authorities (police, fire, EMS, health department) and obtain a report or case number.
3. Submit the following to your corporate loss prevention manager, Courtney Turgeon, ASAP at cturgeon@kfkgroup.com:
   a. This Form
   b. Witness Statements (if any)
   c. All photos and videos taken
   d. Any police, fire, or regulatory reports received

A copy of this report may NOT be given to anyone outside the company, for ANY reason whatsoever.