

Responding to an Incident

If a customer claims an injury or illness, it is recommended to follow the guidelines below.

1. **Do not admit fault.**
2. **Treat the customer or potential claimant with respect and sincerity. Upsetting the person may only make the situation worse.**
3. **Call 911:**
 - a. if an injury is life threatening
 - b. if it is requested by the customer
 - c. if medical treatment is required
 - d. If the customer does not want medical assistance, please note this on the incident form.
4. **Complete the Customer Incident Report.**
5. **Obtain a statement from the customer of what happened and provide that information in the incident report. Do not furnish the customer with the incident report, unless the customer requests a copy of their statement. Be objective and do not include your personal opinions in the incident report.**
6. **Obtain names, addresses, phone numbers, email addresses, and statements of witnesses.**
7. **Take plenty of photos of the area around the scene. Only take photos of the area of incident and alleged defect of complaint. Do not take photos of the claimant without permission.**
8. **Do not discuss the incident with anyone except an investigating officer, authorized company representative or claims representative.**
9. **Do not furnish any information about your insurance policy except for the name of your insurer, if asked by the customer.**
10. **Communicate the incident to your immediate supervisor and/or owner of business.**
11. **Maintain the video for the incident. Save and store video footage from the time the customer arrives and leaves the property. This should be done as soon as possible.**
12. **The incident should immediately be reported to the insurance company claims department either directly or through Statement Insurance Agency depending on your company policy. Even if you do not think there may be a claim, still report.**

If you have questions about an incident or potential claim,
please call us to discuss the details.

775-345-3444

Customer Incident Report

SECTION 1 – LOCATION INFORMATION				
Location		Manager on Duty		
Date of Incident		Time of Incident:		
SECTION 2 – CUSTOMER INFORMATION				
Name(Last, First)				
Street Address		City	State	Zip Code
Phone Number		Email		
What Body Part of the Customer was injured? Check all that apply.	<input type="checkbox"/> Arm <input type="checkbox"/> Back <input type="checkbox"/> Buttock	<input type="checkbox"/> Chest <input type="checkbox"/> Face <input type="checkbox"/> Feet	<input type="checkbox"/> Hand(s) <input type="checkbox"/> Head <input type="checkbox"/> Leg	<input type="checkbox"/> Thighs <input type="checkbox"/> Torso <input type="checkbox"/> Other
Type of Customer foot apparel	<input type="checkbox"/> Boots <input type="checkbox"/> Flats	<input type="checkbox"/> Flip Flops <input type="checkbox"/> Heels	<input type="checkbox"/> Sandals <input type="checkbox"/> Slippers	<input type="checkbox"/> Sneakers <input type="checkbox"/> Other
SECTION 3 – INCIDENT DETAILS				
Exact Location of the claimed incident				
Brief Description of Incident				
Emergency Medical Response (Ambulance)?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Police Response (If yes, get a copy of police report)?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Police Report Number, if available				
Is video surveillance of incident available		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Were photos taken of the scene		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Weather Conditions	<input type="checkbox"/> Clear <input type="checkbox"/> Icy <input type="checkbox"/> Snowy <input type="checkbox"/> Rainy <input type="checkbox"/> Windy			
Walking Surface	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Icy <input type="checkbox"/> Obstructed <input type="checkbox"/> Other			
SECTION 4 – WITNESSES				
Name	Contact Info	Address	Employee	
	Phone: Email:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Phone: Email:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE				
Form Completed By:				
Date:				
Signature:				