

INCIDENT REPORT

Name of licensed premises: _____

Address: _____

Date of incident: _____ Time: _____ am/pm

Location of incident: _____

Name of each employee/crowd controller involved in incident: _____

Name of approved manager on duty during incident: _____

Type of Incident:

- | | |
|---|---|
| <input type="checkbox"/> Complaint – noise | <input type="checkbox"/> Complaint – other |
| <input type="checkbox"/> Juvenile – no ID | <input type="checkbox"/> Juvenile – forged/false/counterfeit ID |
| <input type="checkbox"/> Patron injured | <input type="checkbox"/> Staff injured |
| <input type="checkbox"/> Patron drunk | <input type="checkbox"/> Patron indecent behaviour |
| <input type="checkbox"/> Patron asked to leave | <input type="checkbox"/> Patron refused entry – drunk |
| <input type="checkbox"/> Patron refused entry – offensive
behaviour (including violent, quarrelsome,
disorderly & indecent behaviour) | |

If patron refused entry:

Did the patron repeatedly attempt to gain entry? Yes/No

Did the patron engage in offensive behaviour after being refused entry? Yes/No

Was the patron physically restrained/removed/refused entry by crowd controller/s? Yes/No

If so, state the name, address and licence number of the crowd controller/s who used physical contact:

Details of the Incident: (include reason physical contact was used by crowd controller/s, if applicable)

Action taken: (include manner in which patron was physically restrained/removed/prevented from entering by crowd controller/s, if applicable)

Authorities notified: (if applicable)

☐ WA Police

☐ Emergency Services

☐ Racing, Gaming and Liquor

☐ Other

To be completed by manager or licensee if physical contact was used by crowd controller/s:

☐ I verify that each crowd controller named in this report has been requested to verify the accuracy of the report. If any crowd controller/s declined to verify the accuracy of the report, list name/s here: _____

☐ Copy of this report provided to crowd control agent (if applicable) on _____ (date) at _____ (time).

Name of manager/licensee completing this report: _____