

CUSTOMER INCIDENT REPORTING FORM

1. Complete this form when the incident is reported or discovered by you.
2. After completion, phone the report to The Network, Inc. at 1-800-323-5650 (24 hours and day, 7 days a week).

COMPLETE THIS SECTION FOR ALL INCIDENTS	Claim Number: _____
Date called into The Network, Inc.: _____	National Store #: _____
Owner/Operator: _____	Store Address: _____
	City: _____ State: _____ Zip: _____
Person Reporting: _____	Title: _____
Manager's Name on Duty at time of Incident: _____	
Date of Incident: _____	Time _____: _____ A.M. ____ P.M. ____
Reported to Police? Yes ____ No ____	Police Report #: _____

1. CUSTOMER INCIDENT PROFILE – Complete for all customer incidents

Customer Name: _____ Sex: Male ____ Female ____

Date of Birth: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

If Child, what age? _____ Location of Incident: Drive Thru ____ In-Store ____ Carry-Out ____

2. NOTES – Description of the Accident

If slip and fall in store, was it due to a liquid spill? YES ____ NO ____

Was area of fall being mopped at the time of fall? YES ____ NO ____

If yes, were WET FLOOR Signs visibly posted YES ____ NO ____

3. WITNESSES – Complete for all Customer Incidents

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Any Videos of Accident? ____ YES ____ NO If Yes, please retain

4. ALLEGED FOREIGN OBJECT? Injury From Foreign Object

If an alleged foreign object is involved, secure the object as evidence – DO NOT THROW AWAY.
Afterwards, you will get a call from the insurance representative instructing you on what to do.

In what product was the object allegedly found? _____

Describe the object: _____

Where is the object/product now? _____

Name of Vendor product: _____ (secure product dates and codes)

Describe the injury (if any): _____

Did the customer go to the doctor / hospital? YES ____ NO ____

If yes, Who / Where: _____

Was an ambulance called to the store: YES ____ NO ____

5. ALLEGED INJURIES, if any

What time was the food eaten? ____: ____ A.M. ____ P.M. ____

Which Product(s) were eaten? _____

Where was the Product(s) eaten? STORE ____ HOME ____ Other ____

Where is the Product(s) now? _____

What date / time did the symptoms first appear? Date: _____ Time ____: ____ AM ____ PM ____

Describe the Symptoms: _____

6 CUSTOMER PROPERTY DAMAGE

What property of the customer's was damaged? _____

Why does the customer feel we are responsible? _____

Value of property (according to customer): _____

