**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:**

* Complaint – noise
* Juvenile – no ID
* Patron injured
* Patron drunk
* Patron asked to leave
* Patron refused entry – offensive behaviour (including violent, quarrelsome, disorderly & indecent behaviour)
* Complaint – other
* Juvenile – forged/false/counterfeit ID
* Staff injured
* Patron indecent behaviour
* Banned Drinkers Register

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
* Department of Local, Government Sport and Cultural Industries
* Emergency Services
* 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_