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
☐ Patron refused entry – drunk

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
- Racing, Gaming and Liquor
- 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: _______________________________