



Incident Report

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The Agency, LLC
 950 Ridgebrook Rd, Suite 1500
 Sparks, MD 21152
 Phone: 410-472-6000 Fax: 410-472-6020
 www.TheAgencyWorld.com

Club/Venue Information

| | | | |
|--------------------------|-------------------|------------------------------------|--|
| Corporate Name: | | | <input type="checkbox"/> Club <input type="checkbox"/> Venue |
| Dates of Incident: | Time of Incident: | Location of Incident: | Date Report Completed: |
| Person Making Report: | | | |
| Name of Patron Involved: | | | |
| Address 1: | | Contact Phone: () - ext. | |
| Address 2: | | Contact Fax: () - | |
| Address 3: | | Contact Email: | |
| City: | St: | Zip: | |

Incident Information

| | |
|--|--|
| Non Employee Witnesses: | |
| Other Employees Involved: | |
| Was patron noticeably intoxicated? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, how was it noticeable? | |
| Was anything noticeable before or after the incident? | |
| Was patron asked to leave the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No | Was patron escorted off premises? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If patron was escorted of premises, how? | |
| Did patron physically resist? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If patron resisted, how? | |

Police Information

| | |
|---|---|
| Were the police called? <input type="checkbox"/> Yes <input type="checkbox"/> No | Was a police report written? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Officer Name: | Badge #: Report #: |
| Visible Injuries to Patron(s): | |
| Were medical services offered? <input type="checkbox"/> Yes <input type="checkbox"/> No | Were medical services refused? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Describe incident on second page



Incident Report

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The Agency, LLC
300 Redland Court Suites 105-107
Owings Mills, MD 21117
Phone: 410-356-4020 Fax: 410-356-4617
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Description of Incident: