

SLIP AND FALL INCIDENT REPORT

Date of Incident: **[Insert Date]**

Location of Incident: **[Insert Location]**

Time of Incident: **[Insert Time]**

Complainant Details:

Name: **[Insert Name]**

Address: **[Insert Address]**

Phone Number: **[Insert Phone Number]**

Description of Incident:

[Provide a detailed description of the incident, including circumstances leading to the fall, what happened during the fall, and any immediate aftermath.]

Injuries Sustained:

[List any injuries sustained as a result of the fall.]

Witnesses:

Name(s) of Witness(es): **[Insert Witness Names]**

Contact Information: **[Insert Contact Information]**

Response Action Taken:

[Describe any actions taken immediately following the incident, such as first aid or contact with authorities.]

Signature:

Complainant Signature

Date: **[Insert Date]**

Report Prepared By:

Name: **[Insert Name]**

Position: **[Insert Position]**

Date: **[Insert Date]**