



Incident Report

Green Mountain Concert Services
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Event:
Location of Incident:

Date of Incident:
Time of Incident:

Guest / Employee Information

Guest / Emp Name:
DL or ID #:
Address:

DOB:
Sex:
Phone #:
Cell #:

Guardian's Name:
Guardian's Phone #:
Guardian's Address:

Nature of Incident

- | | | |
|---------------------------------------|--------------------------------------|--|
| Type: | Injury: | House Rules: |
| <input type="checkbox"/> Fall | <input type="checkbox"/> Back Injury | <input type="checkbox"/> Fighting |
| <input type="checkbox"/> Assault | <input type="checkbox"/> Fracture | <input type="checkbox"/> Drug Related |
| <input type="checkbox"/> Stabbing | <input type="checkbox"/> Soft Tissue | <input type="checkbox"/> Alcohol Related |
| <input type="checkbox"/> Shooting | <input type="checkbox"/> Laceration | <input type="checkbox"/> Disruptive Behavior |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Confusion | <input type="checkbox"/> Other |
| <input type="checkbox"/> Heat Related | <input type="checkbox"/> Head Injury | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | |

If Other:

Detailed Description of Incident / Complaint / Injury:

Witness(es) Information (Name / Address / Phone#):

Report Prepared By:
Date:

Guest / Emp Signature:
Date: