

EMEL Venue Incident Report

Venue Name and Address:

Incident Type:

If "Other", add incident type:

Primary Area of Incident:

Incident Details

Date of Incident:

Time of Incident:

Location of Incident:

Name and Order # (and/or Ticketed Seat #) of patrons involved in the incident:

Contact information (telephone, address) of patron(s) involved:

Describe the incident:

A large, empty rectangular box with a thin black border, intended for the user to describe an incident. The box occupies most of the page below the text prompt.

Name(s) and position of employee(s) involved in the incident:

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Names and phone numbers of witnesses to the incident:

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Additional comments made by witnesses:

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Were Emergency Services called?

No

Yes (if yes, fill in the information below)

Time of call:

Responders: Ambulance

 Fire

 Police

 Community Crisis Response

Time of arrival:

Vehicle Number(s):

Ambulance

Fire

Police

Community Crisis Response

Managers on duty at time of incident:

Usher Captain:

Report filled out by:

Date of report: