

17 LIQUOR INCIDENT

COLLECT COMPLETE INFORMATION TO HELP RESOLVE ISSUE

GM MGR 1 MGR 2 MGR 3 MGR 4 DISTRICT MGR

INCIDENT DATE / / DAY OF WEEK Su Mo Tu We Th Fri Sa TIME AM PM MANAGER ON DUTY DURING INCIDENT

PERSONS INVOLVED	PHONE	EMPLOYEE / CUSTOMER	NEED MEDICAL ATTN?	CITATION or ARREST?
1		EMPLOYEE CUSTOMER	YES NO	YES NO
2		EMPLOYEE CUSTOMER	YES NO	YES NO
3		EMPLOYEE CUSTOMER	YES NO	YES NO
4		EMPLOYEE CUSTOMER	YES NO	YES NO
5		EMPLOYEE CUSTOMER	YES NO	YES NO
WITNESSES (if not already included in PERSONS INVOLVED above)	PHONE	EMPLOYEE / CUSTOMER	NEED MEDICAL ATTN?	CITATION or ARREST?
1		EMPLOYEE CUSTOMER	YES NO	
2		EMPLOYEE CUSTOMER	YES NO	
3		EMPLOYEE CUSTOMER	YES NO	
4		EMPLOYEE CUSTOMER	YES NO	
5		EMPLOYEE CUSTOMER	YES NO	

INCIDENT DESCRIPTION (provide as much detail as possible)



WAS LAW ENFORCEMENT CONTACTED?	YES NO	NAME OF ATTENDING LAW ENFORCEMENT OFFICER	NAME OF ATTENDING LAW ENFORCEMENT OFFICER			
		1	2			
DID YOU CONTACT YOUR CORP OFFICE?	YES NO	NAME OF ATTENDING LAW ENFORCEMENT OFFICER	NAME OF ATTENDING LAW ENFORCEMENT OFFICER			
		3	4			
DID YOU CONTACT LIQUOR BOARD?	YES NO	NAME OF PERSON YOU SPOKE WITH	DATE CONTACTED	DAY OF WEEK	TIME	
			/ /	Su Mo Tu We Th Fri Sa		AM PM
MUST YOU ATTEND A HEARING?	YES NO	NAME OF PERSON YOU SPOKE WITH	DATE CONTACTED	DAY OF WEEK	TIME	
			/ /	Su Mo Tu We Th Fri Sa		AM PM
IF A LIQUOR BOARD HEARING WAS HELD, WHAT WAS THE RESULT OF THAT HEARING?		NAME OF PERSON(S) WHO WILL ATTEND	HEARING DATE	DAY OF WEEK	TIME	
			/ /	Su Mo Tu We Th Fri Sa		AM PM