

Retail Store Slip-and-Fall Incident Report

Store Location

Date of Incident

Time of Incident

Area/Location Within Store

Name of Person Involved

Phone Number

Email Address

Address

Description of Incident

Describe Any Injuries Sustained

Medical Attention Required?

If yes, describe action taken

Witness Name(s)

Witness Contact Information

Reported To (Employee Name)

Report Date

Report Time

Additional Comments