

Hotel Guest Injury Report Form

Guest Information

Full Name

Room Number

Phone Number

Email Address

Incident Information

Date of Incident

Time of Incident

Location of Incident (e.g., pool, lobby, hallway)

Nature of Injury

Describe How Injury Occurred

Were there any witnesses?

Witness Name(s) and Contact Info

Additional Information

Action Taken/First Aid Provided

Reported to Hotel Staff Member (Name/Position)

Other Comments

