**[A blue and white sign

Description automatically generated](https://www.smartsheet.com/try-it?trp=12304&utm_source=template-word&utm_medium=content&utm_campaign=Hotel+Incident+Report-word-12304&lpa=Hotel+Incident+Report+word+12304)Hotel Incident Report Template**

Hotel Name

Street Address

City, State Zip

Phone | Email | Website

# General Information

|  |  |
| --- | --- |
| Date of Report |  |
| Time of Report |  |
| Report Authored By |  |
| Incident Number |  |

# Incident Details

|  |  |
| --- | --- |
| Date of Incident |  |
| Time of Incident |  |
| Location | Note the specific area within the hotel / on hotel property. |
| Type of Incident | Accident, theft, injury, property damage, etc. |

# Individuals Involved

|  |
| --- |
| **Person 1**  Name, Role (guest, staff, visitor)  Contact Information: Phone, Email  Room Number: If applicable |
| **Person 2**  Name, Role (guest, staff, visitor)  Contact Information: Phone, Email  Room Number: If applicable |
| **Additional Persons**  Name, Role (guest, staff, visitor)  Contact Information: Phone, Email  Room Number: If applicable |
| **Additional Persons**  Name, Role (guest, staff, visitor)  Contact Information: Phone, Email  Room Number: If applicable |
| **Additional Persons**  Name, Role (guest, staff, visitor)  Contact Information: Phone, Email  Room Number: If applicable |

# Witnesses

|  |  |  |
| --- | --- | --- |
| Witness 1 | Contact Information | Statement |
| Name | Phone, Email | Brief description of witness account |
| Witness 2 | Contact Information | Statement |
| Name | Phone, Email | Brief description of witness account |
| Witness 3 | Contact Information | Statement |
| Name | Phone, Email | Brief description of witness account |

# Description of Incident

Provide a detailed, factual account of the incident, including the sequence of events leading to it, actions taken during the incident, and the outcome. Include any relevant environmental conditions or contributing factors.

# Injuries Sustained and Damages

**Injuries Sustained**

|  |  |
| --- | --- |
| Person 1: Name | Description of injuries |
| Person 2: Name | Description of injuries |
|  |  |
|  |  |
|  |  |

**Property Damage**

Describe the extent of property damage.

1. Actions Taken

|  |  |
| --- | --- |
| Immediate Actions | First aid administered, security notified, etc. |
| Authorities Contacted | Police, emergency medical services, etc. |
| Report Filed | Police report number |
| Follow-up Actions | Maintenance repairs, guest compensation, etc. |

# Additional Notes

Include any other pertinent information, such as previous similar incidents, potential hazards identified, or recommendations for preventing future occurrences.

# Signatures

|  |
| --- |
| Prepared By |
| **Name, Title**  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: MM/DD/YY |
| Reviewed By |
| **Name, Title**  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: MM/DD/YY |

|  |
| --- |
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