

Complete this report whenever there is an incident involving an injury or alleged injury to a customer or member of the general public. This report should be completed for incidents that occur at your premises, while employees are at a customer location or if the complaint is about something a customer purchased or rented from your company.

Always treat the customer courteously and with respect, never make accusations and never become argumentative. Courteous attention and capturing key information about the incident are important in ensuring a fair resolution of any claim that may result.

- Determine if an injury occurred. If the injury is serious, or if the person requests it, call 911
- Get their name, phone number, address
- Do not admit liability or fault
- Get the names and phone numbers of any witnesses
- Call Pharmacists Mutual at **800-247-5930** the same day the incident occurs or is reported to you

POLICYHOLDER NAME	
CONTACT NAME	CONTACT POSITION/TITLE
DATE OF INCIDENT:	TIME OF INCIDENT:
NAME OF INJURED PARTY:	
PHONE NUMBER:	PHONE NUMBER:
ADDRESS OR ADDITIONAL CONTACT INFORMATION:	
WAS THE INCIDENT WITNESSED? <input type="checkbox"/> YES <input type="checkbox"/> NO WITNESSES:	
NAME	PHONE
NAME	PHONE
DESCRIBE THE INCIDENT:	
<i>Describe what happened in your own words. Provide details on where the injury occurred and circumstances surrounding the injury. Note statements made at the time of the incident by the person involved or the witnesses.</i>	

Report Completed by: _____

Date: _____