NCFE Level 2 Award for Resort Representatives (600/7817/0)

Incident report form

Customer name: Booking reference: Accommodation name:

Customer details

Room number: UK telephone number:

Home address:

Resort name:

Address of accommodation:

Number of affected customers:

Incident details

Specify incident (e.g. fire/accident/illness/other):

Date of incident: Place of incident: Time of incident:

Date incident reported to representative:

Details of incident/symptoms reported:

Code V=Vomiting, D=Diarrhoea, SC=Stomach Cramps, H-Headache, F=Fever, EA=Ear Infection, CP=Chicken Pox, O=Other (please specify)

Has the customer received medical treatment?   Yes/No

If yes, name and address of Doctor or clinic in resort:

If known, give brief details of treatment given:

Severity of incident:

Has next of kin been informed?

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Number of days ill:

Customer Insurance Company:

Was the customer under the influence of drugs or alcohol at the time of the incident?
Yes   □   No   □   Unknown   □

Was the incident reported to police?
Yes   □   No   □

Name and address of reporting officer:

Incident reference number:

Any other relevant information:

Any action taken by Resort Representatives?

Any further action required from Police/Doctor/Clinic?

Any further action required by Resort Representative/Company?

Resort Representative name:

Resort:

Contact details:

Signature:

Please fax to head office within 24 hours of the incident occurring.