Customer Incident Report

PANDORA

Personal Information	
Name of Customer:	
Contact Information:	
Note: Information is optional.	

Injury Details	
Date of Injury:	
Time of Injury:	
Location:	

Injury Details - Additional	
Type of Injury and Body Part	
Witness to Incident:	
Describe in detail what the customer was doing just before the time of the incident occurred:	
How did the injury happen?	
What equitment or objects were involved in this incident?	
Basic Causes(S) - unsafe acts or unsafe conditions - contributing causes:	
Note: Information is optional.	

Ambulance was called	
Policy or Fire Department called	
Declined Medical Attention	
Mall Security was called	
If so, did mall security create a report?	

Question: Explain in detail what actions could be taken to correct the unsafe act or condition:
Answer:
Question: Who is responsible for implementing the corrective action and when is the anticipated action to be accomplished?
Answer:

How to Submit a Claim: Please contact NAMBenefits@pandora.net within 24 hours of customer incident.	
Please ensure employee incident report is filled out correct with supervisor name/signature and customer name/signature.	
Contact:	NAMBenefits@pandora.net

Confirmation of Report Review	
Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible. This form does NOT constitute approval of information contained herein. Confirms receipt of information only.	
Supervisor Name	
Supervisor Signature	
Name	
Signature	
Date	
Please note electronic signature above is okay. Do not print, sign, and scan back. All employee incident reports should be saved via excel.	