GUEST PROPERTY DAMAGE REPORT FORM

IMPORTANT: Print, fill out and sign this form. Email a scanned copy to hr@teamschierl.com

GUEST INFORMATION

Guest Name: _____

Phone Number: _____

Email Address: _____

Home Address: _____

INCIDENT INFORMATION

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

PROPERTY DAMAGE INFORMATION

Type of Property Damaged

☐ Vehicle
☐ Cell Phone/Electronics
☐ Clothing/Personal Items
☐ Eyeglasses
☐ Jewelry
☐ Bag/Purse/Wallet
☐ Other: _____

Description of Damaged Property

_____

_____

_____

Estimated Value of Damage

$_____

Description of Damaged Property

INCIDENT DESCRIPTION

Please describe exactly what happened, including any conditions or contributing factors.

PERSON(S) INVOLVED

Was anyone involved in causing the damage?

☐ No ☐ Yes ☐ Unknown

If yes, provide details:

WITNESS INFORMATION

Witness #1

Name: _____

Phone Number: _____

Statement:

Witness #2

Name: _____

Phone Number: _____

Statement:

_____

_____

_____

PHOTOS / DOCUMENTATION

☐ Photos Taken
☐ Video Reviewed
☐ Receipt/Proof of Ownership Provided
☐ No Supporting Documentation Available

ACTION TAKEN

Describe any actions taken following the incident.

Statement:

_____

_____

_____

REPORT COMPLETION

Report Completed By (Print Name): _____

Title: _____

Date Completed: _____

Signature: _____

Guest Signature (Optional)

Signature: _____

Date: _____

Manager / Supervisor Signature

Manager/Supervisor (Print Name)

Signature: _____

Date: _____

ADDITIONAL NOTES