ANYTIME FITNESS

Incident Report

BALEO

PERSONAL DATA

Name of Impacted Person _____

Local Address _____

Local Phone (_____) _____-_____ Gender: ☐ Male ☐ Female Age_____ D.O.B_____

Status of Person: ☐ Staff ☐ Member ☐ Guest ☐ Other (Please Specify) _____

If under 18, name and phone number of parent or legal guardian: _____

DETAILS OF INCIDENT

Date of Incident ____/____/____ Time of Incident _____ Time of Response _____ Time of Report _____

Employee Responding _____ Position _____ Phone _____

Location of Accident: ☐ Gym Floor ☐ Restroom ☐ Office ☐ Classroom ☐ Other (Specify) _____

Specific Location of Accident (e.g.Treadmill #2): _____

☐ Property Damage ☐ Harassment ☐ Theft ☐ Other (please Specify)_____

Describe Specifically: _____

_____

_____

HOW THE INCIDENT OCCURED

Describe the events that resulted in the incident. Any other important details? _____

_____

_____

_____

IMMEDIATE ACTION TAKEN

_____

_____

_____

_____

IF 911 IS CALLED, REGIONAL MANAGER MUST BE NOTIFIED IMMEDIATELY*

EMERGENCY / INVESTIGATIVE SERVICES

Is there an ongoing threat to person or property? Yes: ☐ No: ☐ (if yes, call 911 immediately)

Were emergency/investigative services contacted? Yes: ☐ No: ☐ Police report filed? Yes: ☐ No: ☐

Precinct _____ Phone (_____) _____-_____

Reporting Officer _____ Supervisor _____

STATUS UPDATE FOLLOWING THE INCIDENT

_____

_____

_____

_____

EMPLOYEE

_____
Authorized Signature

WITNESS

_____
Authorized Signature

_____
Name

_____
Telephone Number