

LIQUOR LIABILITY INCIDENT REPORT

In the event of an incident:

1. Record all relevant information surrounding the potential claim in the form provided below. This includes denying entry to anyone who is intoxicated, refusing service, ejecting patrons, rejecting use of false ID, and recording an accident or altercation. Include the name of alleged intoxicated person and contact information of any witnesses, staff or volunteers that were present or have information relevant to the incident.
2. Once a claim or potential claim is identified, immediately contact Concklin Insurance Agency at 630.268.1600.
3. Refer any discussions with the claimant (injured party) to Concklin Insurance Agency. Do not discuss or admit liability with potential claimants.

Establishment name: _____

Date: _____

Name of alleged intoxicated person(s) or person(s) injured: _____

Arrival time: _____ Departure time: _____

Brief description of incident/complaint: _____

Intervention strategies used: _____

Bartenders/servers on staff: _____

Witness name(s): _____

Address(es): _____

Telephone number(s): Home _____ Mobile _____

Authorities contacted? Yes ☐ No ☐

If yes, whom: _____

Additional comments: Please note any relevant facts that you are aware of regarding the alleged intoxicated person, injury, or property damage or loss.

Prepared by: _____ Position: _____

Date: _____