

HARASSMENT INCIDENT REPORT FORM

Name of licensed premises: _____

Address: _____

Date of incident: _____ Time: _____ am/
pm

Location of incident: _____

Name of each employee/crowd controller involved in incident: _____

Name of approved manager on duty during incident: _____

Type of Incident:

- | | |
|----------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Complaint of Intimidation | <input type="checkbox"/> Patron refused entry due to threatening behaviour |
| <input type="checkbox"/> Patron Discrimination | <input type="checkbox"/> Staff Discrimination |
| <input type="checkbox"/> Patron Sexual Harassment | <input type="checkbox"/> Staff Harassment or Assault |
| <input type="checkbox"/> Patron Sexual Assault | |

If patron refused entry:

Did the patron repeatedly attempt to gain entry? Yes/No

Did the patron engage in offensive behaviour after being refused entry? Yes/No

Was the patron physically restrained/removed/refused entry by crowd controller/s? Yes/No
If so, state the name, address and licence number of the crowd controller/s who used physical contact:

Details of the Incident: (include type of Sexual Harassment or Assault that occurred also the reason physical contact was used by crowd controller/s, if applicable)

Action taken: (include manner in which patron was physically restrained/removed/prevented from entering by crowd controller/s, if applicable)

Authorities notified: (if applicable)

€ WA Police

€ Emergency Services

€ Department of Local, Government
Sport and Cultural Industries

€ Equal Opportunity Commission
Complaints Register

To be completed by manager or licensee if physical contact was used by crowd controller/s:

€ I verify that each crowd controller named in this report has been requested to verify the accuracy of the report. If any crowd controller/s declined to verify the accuracy of the report, list name/s

here: _____

€ Copy of this report provided to crowd control agent (if applicable) on _____(date) at _____(time).

Name of manager/licensee completing this report: _____