



CUSTOMER EMERGENCY/INCIDENT REPORT

Store # _____

CONFIDENTIAL – FOR COMPANY USE ONLY

City/State _____

FAX TO: 513-492-4641 – Keep Original in the Store

All Incident Reports should be faxed to 513-492-4402 and Asset Protection within 24 hours.

IT IS IMPORTANT THAT YOU IMMEDIATELY AND FULLY COMPLETE ALL PERTINENT INFORMATION.

PLEASE CHECK APPROPRIATE: LensCrafters Pearle Vision Sears Optical Target Optical _____

Date of Incident ___/___/___ Time of Incident: ___:___ AM PM (check one)

Type of Incident (please check):

Customer injury Theft Property Damage Burglary/Robbery Other (explain) _____

Type of Loss (Please check):

Money (\$_____) Merchandise # Units _____ Adjusted out of Inventory? ___Yes ___No Inv. Adjustment #: _____ Property Damage (approximate value) \$_____

Cause of Injury/Incident:

Fall, Trip, Slip on Premises Struck by or against object Fitting/Dispensing Eyewear Medical Emergency Chemical exposure OD Prescription/procedure Threat or Violence Other or unspecified cause of injury _____

Incident Description (Who, What, When, Where, Why, How) Attach separate sheets, photos or other documents if necessary:

Response to Emergency/Incident:

Mall Security/Manager called Police called Fire/EMS called Alarm activated Suspect arrested Citation issued Merchandise held by police

Name _____ Phone # _____ Badge # (if applicable) _____ Report # (if applicable) _____

Video Available Video Preserved 1-866-LUX-HELP called Store Maintenance Called Work Order # _____ (513-765-3500)

Customer Information:

Name _____ Home Phone _____
E-mail _____ Business Phone _____
Address _____ Age (approx.) _____
City _____ State/Province _____ Postal Code _____

Suspect Description:

Suspect Name: _____
Hair: Black Brown Blond Grey Red Bald Short hair Shoulder length Long Other _____ Unknown
Eyes: Blue Brown Green Hazel Other _____ Unknown Build: Muscular Thin Heavy set Average Unknown
Height: Under 5'6" 5'6" to 6' Over 6'
Distinguishing marks/traits: Scars Tattoos Piercings Limp Speaks with an Accent Nothing Noticed Other _____

Witness Information Check if associate

Name _____ Home Phone _____
E-mail _____ Business Phone _____
Address _____ Age (approx.) _____
City _____ State/Province _____ Postal Code _____

Completed by _____ Title _____ Date Completed _____