



# CUSTOMER INCIDENT FORM



Date/time: \_\_\_\_\_ Store Manager: \_\_\_\_\_ Owner Operator: \_\_\_\_\_  
 Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## 1. CUSTOMER INCIDENT PROFILE

Customer Name: \_\_\_\_\_ Sex:  M  F  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 If Child, Date of Birth: \_\_\_\_\_ Sex:  M  F Parent/Guardian: \_\_\_\_\_  
 Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ am / pm  
 Location of Incident: \_\_\_\_\_ Transaction Type (circle one): Drive-thru In-store Carry-out  
 Witness Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

## 2. ALLEGED FOREIGN OBJECT/INJURY FROM FOREIGN OBJECT

In What Product Was the Object Found? \_\_\_\_\_ Case WSI #: \_\_\_\_\_ WRIN #: \_\_\_\_\_ Use-through date: \_\_\_\_\_  
 Describe The Foreign Object: \_\_\_\_\_  
 Do You Have Possession of the Product?  Y  N Is the Object Obtainable?  Y  N  
 Describe Injury (If Any) In Detail: \_\_\_\_\_  
 Did Customer Seek Medical Treatment?  Y  N Diagnosis: \_\_\_\_\_

## 3. ALLEGED ILLNESS

What Time Was Food Consumed? \_\_\_\_\_ am / pm  
 Which Product(s) Were Consumed? \_\_\_\_\_  
 Where Was Food Consumed? \_\_\_\_\_  
 Do You Have Possession of the Product?  Y  N  
 Date and Time Symptoms Began: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm  
 Symptoms Description: \_\_\_\_\_  
 Did Customer Seek Medical Treatment?  Y  N Diagnosis: \_\_\_\_\_

Side 1

(continued on back)

Call McDonald's Claim Center at 1-800-323-5650 to report an insurance claim



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## 4. ALLEGED PLAYPLACE/PLAYLAND INCIDENT

Did the Incident Happen in the PlayPlace: Y / N      PlayPlace Type: Indoor / Outdoor

\*\*If Outdoor; Construction Type: Wood / Soft Contained / Toddler / Other (Metal, Fiberglass, Etc.):

Was Customer Injured: Y / N      Body Part Injured:      Did Customer Seek Medical Treatment: Y / N

Did the Injury Involve a Piece of Equipment: Y / N      Description of Equipment:

Description of Incident:

## 5. ALLEGED PREMIUM/PROMOTIONAL PRODUCT INCIDENT

Type of Product:      Under 3 Happy Meal Toy      Happy Meal Toy SLP      (Self-Liquidating Product)

                                 Birthday Party Item      Non-Food Giveaway      Other:

Name of Promotion:

Name of Promotional Product:

Describe the promotional product (including letter/number factory code, located on bottom of toy, if available):

Was the Customer Injured? Y / N      Body Part Injured:

Did Customer Seek Medical Treatment? Y / N

If yes:    Were paramedics called? Y / N

                                 Was the customer hospitalized? Y / N

Describe incident/injury in detail:

## 6. CUSTOMER'S PROPERTY DAMAGED

Incident Type:      Was the Store Open When the Incident Occurred? Y / N

Were the Police Contacted? Y / N      Agency Name:      Officer Name:      Report #

Estimated Loss in Dollars:

Item Damaged / Taken:      Quantity:

Item Damaged / Taken:      Quantity:

Incident Description:

**Call McDonald's Claim Center at 1-800-323-5650 to report an insurance claim**