

REPORT CUSTOMER ABUSE FORM



Contact details:

Name:

Workplace:

Email:

Phone:

Incident details:

Date of incident: Time of incident (approx):

What was the nature of the incident? Physical Verbal Sexual

Please briefly describe the incident:

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Has this experience had an impact on your mental or physical health?

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Reporting:

Have you reported this to your immediate manager? Yes No

Have you reported this to your store manager? Yes No

Have you reported it to the police? Yes No

Were there any witnesses to this? Yes No

If so who?

Is there any other info you'd like to share about this incident?

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Would you like the SDA to contact you about this incident? Yes No

Do you give the SDA permission to use your response on social media and its publications? Yes No

