TARGET CENTER

EVENT INCIDENT REPORT

Reporting Individual's Name: _____

Guest's Name (if applicable): _____

Phone Number &/or E-mail (optional)**:** _____

Event Name: _____

Date & Time of Incident: _____

Location of Incident: _____

Witnesses of Incident: _____

Details of Incident (please be specific and provide a factual description of the incident):

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(please continue on back, if needed)

Signature: _____

Today's Date: _____

600 First Ave. N. Mpls, MN 55403
P 612-673-1300 **F** 612-673-1370
targetcenter.com