

# Right to Refuse Service Incident Report



Partner Charity: \_\_\_\_\_ Program # \_\_\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Guest: \_\_\_\_\_

Date	Offense	Action Taken

Guest Signature \_\_\_\_\_  Refused Signature

Volunteer Signature \_\_\_\_\_ Director Signature \_\_\_\_\_

Date	Offense	Action Taken

Guest Signature \_\_\_\_\_  Refused Signature

Volunteer Signature \_\_\_\_\_ Director Signature \_\_\_\_\_

Date	Offense	Action Taken

Guest Signature \_\_\_\_\_  Refused Signature

Volunteer Signature \_\_\_\_\_ Director Signature \_\_\_\_\_