



TOURISM FOR A BETTER WORLD

## Incident Report Form: Community-Based Tourism Organization

### Section A: Incident Reporting Details

Field	Response
Name of CBTO/Enterprise	
Report Date	(DD/MM/YYYY)
Time of Report	(24-Hour Clock)
Report Prepared By	Name: _____ Title/Role: _____ Contact Phone: _____ Email: _____
Date of Incident	(DD/MM/YYYY) _____
Time of Incident	(24-Hour Clock) _____ Approximate?
Exact Location of Incident	Village/Community: _____ District: _____ Specific Site (e.g., trail, homestay, craft shop, vehicle, river): _____

### Section B: Incident Classification

#### Type of Incident (Select all that apply):

- **Injury/Accident:** to Guest, to Staff, Community Member
- **Property Damage:** to CBTO Asset, to Guest Property, to Community Property
- **Security/Safety:** Theft, Assault/Harassment, Threat, Fauna/Wildlife Encounter

- **Guest-Related:** Misconduct/Complaint, Lost/Missing Person, Medical Emergency (Non-Injury)
- **Environmental:** Fire, Pollution/Spillage, Infrastructure Failure (e.g., bridge, path)
- **Near Miss:** (An event that could have caused harm/damage but did not)
- **Other (Specify):** \_\_\_\_\_

**Section C: Description of Incident (Factual Account)**

1. Sequence of Events:

Provide a detailed, chronological, and objective account of the incident. Describe what happened before, during, and immediately after the event. (Attach extra pages if necessary).