CONFIDENTIAL FORM WS-27

TABLE INCIDENT REPORT

No. 001

Date _____ **Time** _____ **Section** _____

Offender (nickname or code name) _____ **Table** _____

OFFENSES (check all that apply)

- ☐ Snapped their fingers
- ☐ Nine separate checks
- ☐ Sent it back (ate half)
- ☐ Camped after close
- ☐ Mess under the table
- ☐ Complained about prices
- ☐ Kid left to run wild
- ☐ Stiffed the tip
- ☐ Blamed me for the kitchen
- ☐ "Get me your manager"
- ☐ Water only, all night
- ☐ Other _____

Burn Level (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) *1 = mild sigh, 10 = zero tip*

WHAT HAPPENED

_____

_____

_____

_____

WHAT I WANTED TO SAY

_____

_____

WHAT I ACTUALLY SAID *(usually "Absolutely, no problem!")*

_____

ACTION TAKEN

- ☐ Smiled and said "Of course!"
- ☐ Vented to a coworker
- ☐ Wrote it here
- ☐ Comped a dessert
- ☐ Went to check on it
- ☐ Said nothing (rage within)
- ☐ Filed a report card

Filed under: Things I Can't Say Tableside