

# Event Incident Report Form



**BRITISH  
COLUMBIA**

**Gaming Policy and Enforcement Branch  
Investigations Division  
Section 86 Gaming Control Act Report**

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**TO BE SUBMITTED WITHOUT DELAY (Typed or Handwritten)**

**Date:**

**Licensee name:**

**Licensee number:**

**Location:**

**Occurrence:**

**Date & Time of Occurrence:**

**Details:**

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<b>Police Called:</b>	<b>Yes</b>	<b>No</b>	<b>Attended:</b>	<b>Yes</b>	<b>No</b>
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<b>Police Force:</b>	<b>File Number:</b>
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**Investigating Officer(s) & Badge Number(s):**

**Submitted by:**

**Contact number:**

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**Submit to: Email: [Gaming.Licensing@gov.bc.ca](mailto:Gaming.Licensing@gov.bc.ca)  
Gaming Policy and Enforcement Branch**

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