



Incident Report

Chino Hills Girls Softball 📍 4195 Chino Hills Parkway #627 📍 Chino Hills CA 91709

Name and role of person completing this form:
Signature of person completing this form:
Date:

Incident

Date and time of incident:
Name/s of person/s involved in the incident and their clubs/associations:
Description of incident:

Witnesses (include contact details):

Reporting of the incident to club/association

Incident Reported to:	Date:
How (this form, in person, email, phone):	

Follow Up Action

Description of actions to be taken:
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“Dedicated to teaching softball fundamentals and life skills through good sportsmanship, leadership, positive coaching, and peer and parent communication”





Incident Report

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Date Submitted: _____ Person Filing Report: _____
 Game Time: _____ Location: _____ Game Date: _____
 Home Team: _____ Visiting Team: _____
 Home Coach: _____ Visiting Coach: _____
 Plate Umpire: _____ Contact Info: _____
 Base Umpire: _____ Contact Info: _____
 UIC or Add'l Umpire: _____ Contact Info: _____
 Board Member On-Duty: _____ Contact Info: _____
 Official Scorer: _____ Contact Info: _____
 Game Details: Visitor Score: ____ Home Score: ____ Inning: ____ Top: ____ Bottom: ____
 Batter's Number: ____ Outs: ____ Batter's Count: ____
 Runner(s) on base & Location: _____

REASON FOR REPORT

Improper Equipment: _____
 Refusal to Play: _____
 Fighting or Physical Abuse: _____
 Verbal Misconduct: _____
 Other Unsportsmanlike Behavior by a Participant: _____
 Equipment Abuse: _____
 Misuse of Tobacco, Video Equipment, Noisemakers: _____
 Other (please explain): _____
 Team: Person Ejected: _____
 Team: Protest Filed by: _____
 After ejection, did coach: Leave immediately: ____ Continue arguing: ____ Return to argue: ____
 Softball Incident Report Submitted By: _____
 Situation/Specific Rule Protested: _____

CHGS Only:	Date Filed: ____/____/____	Date Reviewed: ____/____/____
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■ Complete this form and email immediately to playeragent@chgs.org

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