



Incident Report

Reporting Party Information

Date: _____ Time of Incident: _____
 Name of Volunteer: _____ Contact: () _____ Email: _____
 Title (if applicable): _____ Organization: _____
 Event Location: _____

Type of Incident

- Code of Conduct Violation (illegal substances, behavior, violence/threats, etc)
- Rules Violation (illegal player, documentation, not following published guidelines, etc)
- Injury (athlete, coach, volunteer, bystander, etc)
- Other _____

Description of Incident

Were witnesses present? No Yes (if yes, please list information below)

Witness: _____ Athlete Volunteer Other Phone: _____
 Witness _____ Athlete Volunteer Other Phone: _____

Description of Incident:

Course of Action Taken On Site:

*****For further comments (if needed), please attach additional documentation*****

For Office Use Only:

Date Received by Executive Board: _____ Via: Email Hand-Delivery _____
 Received by: _____ Title: _____