



ELEVATE  
YOUR GAME

## INCIDENT/INJURY REPORT FORM

### CONFIDENTIAL CONTACT INFORMATION

<b>Reportee Name:</b>		<b>Phone Number:</b>	
<b>Reportee Position or Role:</b>		<b>Email Address:</b>	

### INCIDENT/COMPLAINT/INJURY INFORMATION

Please provide as much information as you can to help identify the individual(s) involved:

Person A		Person B	
<b>Full Name:</b>		<b>Full Name:</b>	
<b>Team:</b>		<b>Team:</b>	
<b>Position or Role:</b>		<b>Position or Role:</b>	
<b>Age or Division:</b>		<b>Age or Division:</b>	
<b>Parent/Guardian (if affected party is a minor) Names and contacts:</b>		<b>Parent/Guardian (if affected party is a minor) Names and contacts:</b>	
<b>Time of Incident:</b>		<b>Location of Incident:</b>	
<b>Date of Incident:</b>			

### TYPE OF INCIDENT

<input type="checkbox"/> INJURY	<input type="checkbox"/> MEDICAL EMERGENCY	<input type="checkbox"/> UNRULY PERSON	<input type="checkbox"/> PHYSICAL ASSAULT
<input type="checkbox"/> FIRST AID ADMINISTERED	<input type="checkbox"/> POWER OUTAGE	<input type="checkbox"/> MISSING PERSON	<input type="checkbox"/> THEFT
<input type="checkbox"/> NATURAL DISASTER	<input type="checkbox"/> OTHER:		

Please fill in an "X" if any emergency services were called:

<input type="checkbox"/> POLICE	<input type="checkbox"/> FIRE	<input type="checkbox"/> AMBULANCE	<input type="checkbox"/> No Emergency Services Called
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### INCIDENT SUMMARY

Please provide a comprehensive summary of what occurred (next page):

*If there was an injury, medical emergency, or first aid was administered, please describe the injury and/or what first aid was administered. For an Incident or Complaint - include names of persons involved (eg. Person A is ..., Person B is...) and indicate the type of behaviour witnessed, stating the facts of what was witnessed (eg. John Smith backed the head coach of Team X into a corner, yelling and waving their arms. This went on for approximately 2 minutes. He said ...). If there was a suspect but you do not have their information, please provide a description (height, weight, build, ethnicity, hair colour, etc.) if possible.*

### ADDITIONAL WITNESSES CONTACT INFORMATION

Witnesses may be contacted to provide a written statement.

<b>Witness Name:</b>		<b>Witness Phone Number:</b>	
<b>Witness Address:</b>		<b>Witness Email:</b>	
<b>Witness Name:</b>		<b>Witness Phone Number:</b>	
<b>Witness Address:</b>		<b>Witness Email:</b>	



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I verify that the above statements and information submitted are true and understand this information will be provided to the Discipline and Complaints Committee. If required by law, this statement may be required to be shared with legal authorities.

**Reportee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## SUBMISSION REQUIREMENTS

- Any EKVC Member may report any complaint of an infraction by any Member or staff of EKVC. Such a complaint must be signed and in writing, and must be filed within fourteen (14) days of the alleged incident.
- Anonymous complaints may be accepted at the sole discretion of the EKVC's Executive Director or designate, or the Coaching Committee.
- A Complainant wishing to file a complaint beyond the fourteen (14) days must provide a written statement giving reasons for an exemption to this limitation. The decision to accept, or not accept, the notice of complaint outside the fourteen (14) day period will be at the sole discretion of the EKVC. This decision may not be appealed.
- Upon receiving a complaint, EKVC will review the report within seven (7) days.
- The Discipline and Complaint Committee will inform the Parties if the incident is to be dealt with as a minor or major infraction and the matter will be dealt with according to the applicable sections of this Discipline and Complaints Policy relating to minor or major infractions.
- For more information on the Discipline and Complaints policy, please view the document online at [www.ekvcvolleyball.com](http://www.ekvcvolleyball.com) > About > Policies.
- Please submit this report to the [governance@ekvcvolleyball.com](mailto:governance@ekvcvolleyball.com).

## EKVC OFFICE USE ONLY

<b>Date Report Received:</b>	
<b>Copied to:</b>	

<b>Person A Contacted:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Contacted: (YYYY-MM-DD)	
<b>Person B Contacted:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Contacted: (YYYY-MM-DD)	
<b>Witnesses Contacted:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Contacted: (YYYY-MM-DD)	
<b>Witnesses Contacted:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Contacted: (YYYY-MM-DD)	



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## INCIDENT/INJURY REPORT FORM

**Action:**

<input type="checkbox"/> Reprimand	<input type="checkbox"/> Suspension	<input type="checkbox"/> Revocation of Membership
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**Additional Follow-Up/Information (if needed):**