LONDON - ST. THOMAS CROATIA SOCCER CLUB

Incident Report Form

Formal complaint must be completed in writing to the LS Croatia SC Executive Director or the LS Croatia SC President using this Incident Report Form.

The LS Croatia SC shall adhere to the Ontario Soccer Association's Dispute Resolution process and shall make this process available to any Member, upon written request.

First Name: _____ Last Name: _____
Contact Number (optional): _____

I am a: ☐ Parent ☐ Volunteer ☐ Player ☐ LS Croatia SC Employee ☐ Witness

CIRCUMSTANCES SURROUNDING THE ALLEGATION(S)	
Name of accused:	
Relationship with complainant:	
Time(s) of the incident(s):	
Date(s):	
Location(s):	
Name of witness (1):	
Name of witness (2):	
Name of witness (3):	

Statement *(please provide a detailed description of the inappropriate behaviour or conduct)*

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The information revealed in this statement has been provided without restraint and I understand the content maybe disclosed to other parties if required.

___________________________________ Complainant's Signature	___________________________________ Date (MM/DD/YYYY)

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FOR OFFICE USE ONLY

Date received (MM/DD/YYYY): ______________________________