



Incident Report

Reporting Party Information

Date: _____ Time of Incident: _____

Name of Volunteer & Title: _____ Contact #: (____) _____

Email address: _____ Organization Name: _____

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

Witness: _____ Athlete Volunteer Other Phone: _____

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Description of Incident:

Course of Action Taken on Site:

****for further comments (if needed), please attached additional documentation****

For Office Use only:

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

Received by: _____ Title: _____