Hinton MINOR HOCKEY ASSOCIATION
INCIDENT REPORT FORM

This report SHOULD be submitted within 48 hours of the incident All Information is confidential** Hinton Minor Hockey Circle One:
Injury Ejection/Misconduct Personal Conduct
Date of Incident: _____ Location: _____
Submitted By: _____ Position: _____
Home Phone: _____ Work Phone: _____

INCIDENT DETAILS Individuals Involved: Name:
_____ **Team:** _____ **Phone:** _____ **Name:**
_____ **Team:** _____
Phone: _____ **Name:** _____ **Team:** _____
Phone: _____ **Details of Incident:** (Time of game; teams involved; factors involved in the incident; others)

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_____ **Signature (required):**
_____ **Date:** _____

For HMHA use only: Investigate By: _____
Date: _____ **Action (s) Taken:**
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_____
No Action Required - Incident Closed - Date; _____