INCIDENT REPORT

Please complete this report to the best of your ability with the information available to you.
If there are sections which are not applicable in this situation, or which you do not know, please indicate so or leave blank.
Type of Incident (i.e.: injury, physical/verbal assault/sexual /social media harassment etc.)_____

Date of Incident: _____Time of Incident: _____Venue/Location: _____

Age Group: _____Division:_____ Team Number: _____

Type of Event (i.e. league game, tournament, etc.)_____

Individual/s Involved in Incident: (circle) Player Team Official Spectator Referee Other: _____

Individual/s Names/s: _____

INCIDENT: (please describe as clearly and as detailed as you can) Please be as legible and accurate as possible. This Report will be reviewed by the Leduc Soccer Association). Only incidents reported through this process will be dealt with.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Name of person submitting this report **Email**

Signature of person submitting this report **Phone Number**

Date **Alternate Phone Number**

Please fill out and mail to: LSA, 101-4804 46 Avenue. Leduc AB T9E 5X6 or email to askgymjunky@gmail.com