FORT ST. JOHN
SOCCER CLUB

FSJ Soccer Club
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250-787-KICK (5425)

Incident Report Form (2023)

This form must be submitted to the Club within 48 hours of the game or situation in question.

This form is to report incidents from FSJ Soccer Members and initiate the FSJ Soccer Disciplinary Policy.

**Required Fields*

*House League ☐	*Competitive / Development ☐
*Division	*Team Name & or #
Coach	Manager
Referee	Asst. Referee
*Date	*Time
*Location	

Incident Details

*The following incident occurred:

☐ Before the Game ☐ During the First Half ☐ At the Half Time
☐ After the Game ☐ During the Second Half

If the name (s) of the person (s) involved are known, please provide them below. Indicate if the person is a player, parent (spectator/guardian), coach, official, manager or other (if unsure).

*Names (persons involved)	*Position with the club (player, parent, etc.)

Description of Incident:

(Member that is submitting the incident)

*Name: _____ *Date: _____

*E-Mail: _____ Phone: _____

*Description of incident, with as much detail as possible. (Include names, actions, and statements.)

Office Use Only

Date Received: _____ Staff/Executive_____

Action Taken:

_____

_____

_____

_____

_____

_____

_____ _____

Signature Date