



**FORT ST. JOHN  
SOCCER CLUB**

FSJ Soccer Club  
Box 6052  
Fort St John, BC V1J 4H2  
www.fsjsoccer.com  
250-787-KICK(5425)

## Incident Report Form

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

*This form is to be used to report incidents from players, parents (spectators/guardians), coaches and or officials.*

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)

Name (person involved)	Position

*Description of Incident: Please use the space provided on the back of the form to describe the incident that occurred.*

Complaint Form –Person filing Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Description Of Incident:**


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Office Use Only

Date Received: \_\_\_\_\_ Staff/Executive \_\_\_\_\_

Action Taken:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date