

INCIDENT REPORT FORM

This report SHOULD be submitted within 48 hours of the incident

All information will remain confidential

Circle One: Injury Ejection Unacceptable Behaviour

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, etc.)

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

Player is able to return to play from injury.

Parent Signature: _____ **Date:** _____

IRMA MINOR HOCKEY ASSOCIATION

For IHA use only:

Investigated by: _____ *Date:* _____

Action(s) Taken:

No Action Required

Incident Closed: Date: _____