



INCIDENT REPORT FORM

Submit completed form to:

(Name).....
(Address).....
(Ph Number).....
(Fax).....

This form is to be utilized by anyone in the _____ Association to report an incident of unacceptable behavior. An individual is considered to be displaying unacceptable behavior if they are verbally or physically harassing and/or abusing a game player, team official, on-ice official or spectator.

LOCATION OF INCIDENT _____

DATE & TIME OF INCIDENT _____

NAME OF ALLEGED OFFENDER _____

ASSOCIATED WITH (TEAM NAME) _____
NAME(S) OF ADDITIONAL WITNESSES _____

Please detail (and attach to this form) a clear description of the unacceptable behavior witnessed. We request that you use black ink or type the report if it is being submitted by fax. **Reports that are not legible will not be reviewed.**

You can expect an official to investigate your report. Unfortunately, a written response to all reports may not be possible, as our volunteers must work within available resources and constraints. We do, however, hope to be able to contact complainants at some point during or after the investigation. Resolution typically takes 2 weeks from receipt.

Please summarize your expectation(s) for the action(s) to be taken.

If additional space is required, please use reverse side or attach separately.

NAME: _____

ADDRESS: _____ CITY/TOWN: _____

PHONE: _____

SIGNATURE: _____ DATE: _____



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