

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.*

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| --- | --- | --- |
| 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 |
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|  |  |
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*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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Description Of Incident:** |
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Office Use Only

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

Action Taken:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature Date