

Saskatchewan Soccer - Incident Report – Nipawin Youth Soccer

OCCURRENCE LOCATION	DATE	TIME
OCCURRED DURING: TRAINING ___ COMPETITION ___ AFTER HOURS ___ OTHER _____		
NAME OF INVOLVED PERSON(S)	SEX	DOB DD/MM/YYYY
	PHONE NUMBER/S	
CLUB ADDRESS	CLUB NAME	
NAME OF PERSON REPORTING INCIDENT	PHONE NUMBER/S	

LIST ANY VULNERABILITIES:

DETAILS OF DISCLOSURE IF VERBAL (ACTUAL FACTS ONLY)/OBSERVATIONS OF YOUTH:

SUMMARY OF OCCURRENCE:

Name/Address/Phone Numbers of any witnesses:

This complaint involves: (please circle)

HARASSMENT BULLYING ABUSE NEGLECT OTHER

Were the police or Social Services contacted? (please circle) YES NO

Recommendations for resolution and/or disciplinary action:

RECEIVED BY (DD/MM/YYYY)	ASSIGNED FOR FOLLOW-UP TO (DD/MM/YYYY)	PRESIDENT'S INITIALS
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