Incident Report

Name: __________________  Title: (player/sup./ref.): ____________________________

Date: _____/_______/______  Incident location: ____________________________

    (Day)           (Month)        (Year)

Sport: __________________

Nature of the incident:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please provide, in a chronological fashion, the events that took place leading up to and during the incident. Be sure to include:
1. Where the incident occurred?
2. What did you see as the problem?
3. Did you hear anything in particular?
4. How did the incident start?
5. Who was involved?
6. How long before someone intervened?
7. Who intervened?
8. What did they do?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
(Please provide a drawing indicating the area of the incident, where you were, and where the other players were.)

Drawing:

Team Captain: ____________________
Player: ____________________
Referee: ____________________
League supervisor: ____________________

________________________________________________________________________

________________________________________________________________________

Recommendations: _______________________________________________________

________________________________________________________________________

Resolution/Suspension: ____________________________________________________

________________________________________________________________________

Signature: _____________________________

Date: ______/______/______

(dd / mm / yy)