INCIDENT REPORT

OCCURRENCE LOCATION	DATE	TIME

OCCURRED DURING:

TRAINING_____ COMPETITION _____ AFTER HOURS_____ OTHER_____

VICTIM'S NAME	SEX	DOB	PHONE NUMBER/S

CLUB ADDRESS	CLUB NAME

REPORTER NAME / ADDRESS	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)*

HARRASSMENT BULLYING ABUSE NEGLECT……..OTHER

Where the Police or Social Services contacted? YES_____ NO_____

Recommendations for resolution and/or disciplinary action:

RECEIVED BY (DATE)	ASSIGNED FOR FOLLOW-UP TO (DATE)	PRESIDENT'S INITIALS