INCIDENT REPORT/REPORT OF VIOLATION

OCCURRENCE LOCATION	DATE	TIME

OCCURRED DURING:

TRAINING_____COMPETITION_____ AFTER HOURS_____ OTHER_____

VICTIM'S NAME	SEX	DOB	PHONE NUMBER/S

ADDRESS	CLUB NAME

REPORTER NAME / ADDRESS	PHONE NUMBER/S

SUMMARY OF OCCURRENCE :

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

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)	EXECUTIVE DIRECTOR'S INITIALS