

# **INCIDENT REPORT**

Date of Incident \_\_\_\_\_

Time \_\_\_\_\_

[ ] A.M. [ ] P.M.

Program or Activity \_\_\_\_\_

Location \_\_\_\_\_

Name(s) of Person(s) Involved in the Incident

| Name | Address | City | Zip | Phone |
|------|---------|------|-----|-------|
| Name | Address | City | Zip | Phone |
| Name | Address | City | Zip | Phone |

Describe the Incident in Detail \_\_\_\_\_

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

(Use the back of this form for more space.)

Witnesses:

| Name | Address | City | Zip | Phone |
|------|---------|------|-----|-------|
| Name | Address | City | Zip | Phone |
| Name | Address | City | Zip | Phone |

Action Taken \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If those involved were minors, were their parents contacted?

[ ] yes [ ] no

Were the police contacted about this incident?

[ ] yes [ ] no

Coach's Signature \_\_\_\_\_

Date \_\_\_\_\_

Coordinator's Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_