

Incident Report Form



REPORTED BY: _____

COACH SIGNATURE: _____

CHILD'S NAME: _____

DATE OF REPORT: _____

INCIDENT INFORMATION

INCIDENT TYPE: _____

DATE OF INCIDENT: _____

PROGRAM/DIVISION: _____

LOCATION: _____

CITY: _____

STATE: _____

ZIP CODE: _____

SPECIFIC AREA OF LOCATION *(if applicable)*: _____

INCIDENT DESCRIPTION

NAME / ROLE / CONTACT OF PARTIES INVOLVED

1. _____

2. _____

NAME / ROLE / CONTACT OF WITNESSES

1. _____

2. _____

POLICE REPORT FILED: YES _____ NO _____

REPORTING POLICE DEPT: _____

FOLLOW-UP ACTION BY COACH

FOR OFFICE ONLY

RECREATION DIRECTOR SIGNATURE: _____

DATE: _____