

SIMONS VALLEY HOCKEY ASSOCIATION

INCIDENT DISCLOSURE REPORT



MEMBER	PHONE NUMBER(S)	EMAIL
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OCCURRED DURING:
PRACTICE _____ GAME: _____ TEAM EVENT _____ OTHER (please specify) _____

OCCURRENCE LOCATION	DATE TIME
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This complaint involves: (please circle)
HARRASSMENT BULLYING ABUSE NEGLECT CODE OF CONDUCT OTHER

Were the Police / Social Services / EMS contacted?: YES NO

1. LIST ANY PARTIES INVOLVED:

2. SUMMARY OF OCCURRENCE (FACTS ONLY):

3. NAME / PHONE NUMBER / EMAILS OF ANY WITNESSES:

4. RECOMMENDATIONS FOR RESOLUTION AND/OR DISCIPLINARY ACTION:

Submitted By

Date

Completed By

Action Complete Date

VP OPS or DESIGNATES INITIALS