CGAA Baseball - Initial Incident Report

Name (Required):	
E-Mail (Optional):	
Telephone (Required):	
Date:	

In-House League	☐ Wee Tees	☐ T-Ball (I)	☐ T-Ball (T)
(Please Check)	☐ Pitchball	☐ Pee Wee	☐ Minors

Traveling League	☐ Age 10	☐ Age 11	☐ Age 12
(Please Check)	☐ Age 13	☐ Age 14	☐ Age 15
Level (Please Check)	☐ AAA	☐ AA	☐ A

Other (Please Describe):	

Incident (Please be sure to include the date and time of concern if possible):

Office Use Only			
Received By (Board Member):			
Received Via (Check):	☐ In Person	☐ Phone Call	☐ E-mail/Mail
Forwarded To (Check):	☐ President	☐ Vice President	☐ Traveling Director
	☐ In House Director	☐ Other (Please List):	