



INCIDENT REPORT

Sport: Baseball Softball Football

Division: In House Heat Sizzle Power Select Flag Tackle

Age Division/League: _____

Date of Incident: _____ **Location of Incident:** _____

Person (s) Involved:

Name	Player/Coach/Official/Parent/Spectator

Initial Complaint:

Witnesses:

Name	Phone Numbers	Interviewed	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

What was discovered during the investigation and any other pertinent information:

Action Taken (if any): _____ **Date:** _____

Follow Up Required? No Yes _____

Person Completing Report: _____ **Date:** _____

CC: Board President _____
Age League Director _____
Ethics and Education Committee