

# Incident Report

Sport Club: \_\_\_\_\_ Date: \_\_\_\_\_

Time of Incident: \_\_\_\_\_ Time of Report: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

## PERSONAL DATA

Gender: Male Female

Name: \_\_\_\_\_ University ID #: \_\_\_\_\_

Local Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Local Phone: \_\_\_\_\_ Status: Student Faculty/Staff Guest Other: \_\_\_\_\_

If under 18, name and phone number of parent/legal guardian: \_\_\_\_\_

## BUILDING AREA OF INCIDENT

Building: PHAC IM Sports Complex DUC Smith Stadium Diddle Arena Other: \_\_\_\_\_

Location within building/area (court #, field #, room #, etc.) \_\_\_\_\_

## DESCRIPTION OF INCIDENT

### IMMEDIATE ACTION TAKEN (check all that apply)

Warning  Reprimand  Remedial  Probation  Suspension

Other: \_\_\_\_\_

Describe in greater detail: (attach additional information if necessary)

## WITNESSES

Name: \_\_\_\_\_ University ID #: \_\_\_\_\_

Local Address: \_\_\_\_\_ Local Phone: \_\_\_\_\_

Name: \_\_\_\_\_ University ID #: \_\_\_\_\_

Local Address: \_\_\_\_\_ Local Phone: \_\_\_\_\_

## ADDITIONAL COMMENTS

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

Signature of Individual completing report: \_\_\_\_\_ Date \_\_\_\_\_

