



INDERKUM JR TIGERS INCIDENT REPORT FORM



Use this form to report injuries, medical situations, criminal activities, threats, misconduct, or parent, coach, board, participant behavior incidents. If possible, a report should be completed within 72 hours of the event.

Date of Report:

PERSON INVOLVED

Full Name:

Phone:

E-Mail:

THE INCIDENT

Date of Incident:

Time: AM PM

Location:

Describe the Incident:

INJURIES

Was anyone injured? Yes No

If yes, describe the injuries:

WITNESSES

Were there witnesses to the incident? Yes No

If yes, enter the witnesses' names and contact info:

POLICE / MEDICAL SERVICES

Police Notified? Yes No

If yes, was a report filed? Yes No

Was medical treatment provided? Yes No Refused

If yes, where was medical treatment provided? On site Hospital

Other:

PERSON FILING REPORT

Signature: _____ Date: _____

Print Name: _____

OFFICE USE ONLY

Report received by:

Date:

Follow-up action taken:

Action Taken: