Special Olympics Utah Coach/Chaperone Code of Conduct Incident Report Form

Incident Date: ________________________ Report Date: ________________

Coach/Chaperone Name: _____________________________________________

Address: _________________________________________________________

Place where incident occurred: _______________________________________

Time of Incident: ______________________________

Witness to the Incident? _____ Yes ____ No

If, yes, who were they? Name: _______________________________________

Phone Number: _______________________________

Witness Comments:

____________________________________________________________________

List others involved: _________________________________________________

If athletes were involved were parent/guardians notified? _____ Yes _______ No

Was the Head of Delegation notified? _____ Yes _______ No

When were they notified? _________________________________ How? _________

Description of the incident:

____________________________________________________________________
Describe any physical injuries:

Was medical treatment necessary? _____ Yes _____ No

Describes treatment in detail:

Name of person making report: ________________________ Position: ______________
Signature: ________________________ Date: ______________
Action taken:

Follow up: