

Special Olympics Utah Athlete Code of Conduct Incident Report Form



Incident Date: _____ Report Date: _____

Athlete Name: _____

Address: _____ Phone: _____

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? _____

Is the athlete his or hers own legal guardian? Yes No

Description of the incident:

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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: