South Valley Athletics Incident Report

|  |  |  |
| --- | --- | --- |
| Name: | | |
| Address: | | |
| City: | State: | Zip: |
| Phone number: | | |
| Email address: | | |
| Date incident occurred: | | |

What is your relationship to South Valley Athletics?

* Parent of player
* Player
* Coach
* Assistant Coach
* Official
* South Valley Athletics Board Member
* Spectator
* Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did the incident occur?

* LMS Little Gym (2nd/3rd grade)
* LMS Big Gym (4th/5th grade)
* Outside of gym
* Parking lot
* Soccer field
* School; please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What sport does your concern involve?

* Basketball
* Soccer
* Volleyball
* Cheer
* Adult soccer
* Adult softball

Please describe, in detail, what happened:

|  |
| --- |
|  |

What actions did you take?

|  |
| --- |
|  |

Who, if anyone, did you contact regarding the issue?

|  |
| --- |
|  |

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_