South Valley Athletics Incident Report

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| 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:

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What actions did you take?

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

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