

Liederkrantz Soccer Club Incident Report

Particulars of incident:

Date: _____ Time: _____ Location: _____

Type of incident (please circle below):

Player Parent Coach Other Team Social Club Member Other:

Reported by: _____ Phone: _____

Role in the event: _____ Email: _____

The Person(s)/Player(s) who need to be addressed:

Name: _____ What LSC Team: _____

Phone: _____ Coaches Name: _____

Witness(s):

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Describe the incident: *(space overleaf for diagram if needed)*

Reporters Signature: _____ Date reported: _____

The Liederkrantz Soccer Board will be meet to discuss any Incidents Submitted. Thanks for contacting us about this situation in a timely manner so we can do what's best for the kids!

Please make sure to contact the coach first to discuss the issue.

Administrative Use

Date of Meeting to discuss Incident: _____

Decision: _____

Who will be contacting disciplined party: _____