



OUTLOOK MINOR SPORTS
PO BOX 574 * OUTLOOK, SK * S0L 2N0
outlookminorsports@gmail.com



INCIDENT REPORT FORM

This form is to be utilized by anyone in the Outlook Minor Sports Association to report an incident of an individual who displayed unacceptable behavior, verbal or physical harassing/abusing, bullying or hazing.

GENERAL INFORMATION

Date & Time of Incident: _____ Name of Offending Individual: _____
Individual Involved: _____ Associated with (Team Age Division): _____
Name (s) of Additional Witnesses: _____

INCIDENT DETAILS

In this space provided, or on a separate attachment, please provide a clear description of the unacceptable behavior witnessed. Reports that are not legible will not be reviewed.

Description of Incident: _____

OUTCOME EXPECTATION

Please summarize your expectation of the outcome resulting from your report: _____

SUBMISSION DETAILS

Name: _____ Mailing Address: _____
Phone: _____ Cell: _____
Email: _____
Relation to Individual Involved (if other than self): _____
Signature: _____ Date of Submission: _____

Please scan and email or fax your Incident Report Form to Outlook Minor Sports or arrange with a Board of Director on how to hand in your application.

Email: outlookminorsports@gmail.com