

# Special Olympics Utah Coach/Chaperone Code of Conduct Incident Report Form



Incident Date: \_\_\_\_\_ Report Date: \_\_\_\_\_

Coach/Chaperone Name: \_\_\_\_\_

Address: \_\_\_\_\_

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? \_\_\_\_\_

### 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:**