Last Name of Accused Member

2017 Volleyball BC Incident Report Form

*Provide assistance first before/during completion of this form. This report enables us to improve staff training and track patterns of behavior of staff and members. It is also intended as a communication to legal counsel for Volleyball BC so the facts, impressions, and conclusions in the report are subject to the attorney client privilege.* ***DO NOT GIVE OUT COPIES***

|  |  |  |  |
| --- | --- | --- | --- |
| Date Form Completed |  | Form Completed By |  |

**Description of Incident**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Incident |  | | Time of Incident |  |
| Type of Activity |  | | Location |  |
| Description of Incident (circumstances, opinions, statements, etc) | |  | | |
| Additional Comments  (use quotation marks) | |  | | |

**Personnel Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Accused Member’s Name | |  | | |
| Accused Member’s Role | |  | | |
| Witness Name |  | | Witness Phone |  |
| Witness Name |  | | Witness Phone |  |
| Witness Name |  | | Witness Phone |  |

**Volleyball BC Response**

|  |  |
| --- | --- |
| Event Coordinator’s Name |  |
| Direct Action Taken |  |
| Further Action Taken |  |
| Additional Comments |  |