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 |       |