



# TOWN 'N COUNTRY BASEBALL

## INCIDENT REPORT

This form should not be used to report a Medical/Injury Incident

First and Last Name:		Your Position Title:	
Email Address:		Cell Phone Number:	
Date of Incident:		Time of Incident:	
Location of Incident (example. Parking Lot, Field 4, etc.)			

### INVOLVED PARTIES

Please list the individuals involved (excluding yourself), including as many of the listed fields as you can provide.

First and Last Name:		Position Title:	
Email Address:		Cell Phone Number:	

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Email Address:		Cell Phone Number:	

### INCIDENT TYPE (SELECT ALL THAT APPLY)

<input type="checkbox"/> Bullying	<input type="checkbox"/> Verbal Misconduct	<input type="checkbox"/> Physical Misconduct
<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Violation of Safety Rules	<input type="checkbox"/> Drug/Alcohol Violation

### IMMEDIATE RESPONSE (SELECT ALL THAT APPLY)

<input type="checkbox"/> Executive Board Member Notified	<input type="checkbox"/> Law Enforcement Contacted	<input type="checkbox"/> Tournament Director Notified
<input type="checkbox"/> Hillsborough County Notified	<input type="checkbox"/> Fire/EMT Contacted	<input type="checkbox"/> Umpire Association Contacted

