

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:	

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

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

INCIDENT TYPE (SELECT ALL THAT APPLY)

□ Bullying	Verbal Misconduct	Physical Misconduct
Sexual Harassment	Violation of Safety Rules	Drug/Alcohol Violation

IMMEDIATE RESPONSE (SELECT ALL THAT APPLY)

Executive Board Member Notified	Law Enforcement Contacted	Tournament Director Notified
Hillsborough County Notified	Fire/EMT Contacted	Umpire Association Contacted

INCIDENT DESCRIPTION

Please provide a detailed description of the incident/concern using specific language (Who, what, where, when, why, and how). Please use the back of the page if you need additional space.

Please list name of witnesses (if any):

REPORT AND ANY SUPPORTING DOCUMENTATION SHOULD BE PROVIDED TO EXECUTIVE BOARD MEMBER FOR INVESTIGATION