



# THE RICHMOND HILL SOCCER CLUB

Clubhouse Address: 1370 Elgin Mills Rd. East, Richmond Hill, ON., L4S 1M5  
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## Incident Report

Date: ____/____/____ (dd/mm/yy)	Time: _____	Location: _____
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Complaint  Injury  Loss  Theft  Other

PLEASE PRINT

<b>PERSON INVOLVED IN INCIDENT</b>	
NAME:	AGE: GENDER:
STREET NUMBER AND NAME:	APT/UNIT NO:
CITY/TOWN: POSTAL CODE:	
HOME PHONE NO: CELL PHONE NO:	
EMAIL ADDRESS:	

COMMENT:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DESCRIPTION OF INCIDENT (Who, What, Where, How and Why the incident occurred):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ACTION TAKEN BY STAFF:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ACTION TAKEN BY: \_\_\_\_\_

REPORT SUBMITTED BY: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(dd/mm/yy)

FULL-TIME STAFF FOLLOW-UP BY: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(dd/mm/yy)

FOLLOW-UP ACTION BY FULL-TIME STAFF: \_\_\_\_\_

Witness Report to be filled out and attached if required. Please give this form to your immediate supervisor.  
Richmond Hill Soccer Club

