



Ontario 5 Pin Bowlers' Association

Mailing Address Only: 5-18 Ringwood Drive, Suite 129, Stouffville, Ontario, L4A 0N2

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INCIDENT REPORT

Page 1 of 2

Submit this form to the O5PBA Office within 14 days of the incident - Print Clearly

This form should be used for each occasion of aggressive behaviour, verbal abuse, destruction of equipment or property (or threats of), physical assault (or threats of), medical issue, etc.

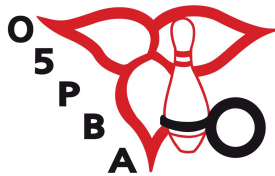
Name (who incident happened to) Include Full Name		Adult or Youth
Tournament/Event		Duration of Event - Date(s) (mm/dd/yyyy)
Name of Person Completing Report		Position/Title
Date of Incident (mm/dd/yyyy)	Time of Incident	Location of Incident
Who was involved (include witnesses and contact numbers if possible)		

TYPE OF INCIDENT (check off all that apply)

<input type="checkbox"/> Medical Issue/Injury	<input type="checkbox"/> Threat of Self Harm/Suicide Attempt	<input type="checkbox"/> Drug/Alcohol Use
<input type="checkbox"/> Allegation of Abuse/Neglect	<input type="checkbox"/> Violence	<input type="checkbox"/> Fire
<input type="checkbox"/> Curfew Violation	<input type="checkbox"/> Abuse of Property	<input type="checkbox"/> AWOL
<input type="checkbox"/> Rule infraction resulting in removal from Event	<input type="checkbox"/> Other – specify	

If there is not enough room for items 1 – 4 below, please continue on page 2 of 2.

1. Description of incident including what took place when the incident occurred.
2. Description of action taken at the event.
3. Recommendations for further action.
4. Recommendations for change in policy/procedure.



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People Contacted/Involved *(check off all that apply – include names, times, phone, e-mail if possible)*

<input type="checkbox"/> Head Judge of Play	<input type="checkbox"/> Tournament Chair
<input type="checkbox"/> Zone Board Member	<input type="checkbox"/> Zone President
<input type="checkbox"/> O5PBA Board Member	<input type="checkbox"/> O5PBA President
<input type="checkbox"/> O5PBA Tournament Liaison	<input type="checkbox"/> Member's Family
<input type="checkbox"/> O5PBA Harassment Officer	<input type="checkbox"/> Police, Fire and/or EMS
<input type="checkbox"/> Legal Guardian <i>(if minor involved)</i>	<input type="checkbox"/> Other, please specify

Additional Comments *(if pertains to a certain item number, please include for reference purposes)*

_____ Signature of Person Completing the Report	_____ Contact Info (please print)
_____ Date (mm/dd/yyyy)	