



# OFSA Incident Report

Your Name: \_\_\_\_\_

Your Phone Number Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Team Name/Age Division: \_\_\_\_\_

The OFSA board takes all incident reports seriously and investigates each reported issue extensively. We have a zero tolerance policy regarding violence and or aggressive language/behavior by any member of the OFSA league and will address any such incident accordingly.

## INCIDENT DESCRIPTION

Time: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

Please describe what happened in your own words (if more space is needed please use back):

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Where there any witnesses present? Yes No If Yes Please list Names/Contact Info:

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By signing below you are agreeing that the information you have provided above is true and complete to the best of your recollection.

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Signature

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Date