

## **Incident Report**

Date of Filing:			
Person Filing Incident Report:		Contact Number:	
Who is the incident report be ☐ Board Member		□ Player(s)	□ Other:
Name of person(s) whom is	the reason for filing incident report	:	
Date of Incident:	Time:	Location (i.e. Field	d):
exact location of incident. Y	ou may use back of this page if nec	essary:	viduals involved, team names, divisions
Witnesses (If applicable):			
Name:	Contact Numbe	Contact Number:	
Name:	Contact Numbe	Contact Number:	
I certify that all information	n given above is true and correct to	the best of your kn	owledge.
Signature:		_ Date:	
Any discipline issued by t (YCGS) Code of Conduct		oe in accordance w	vith Yucaipa Calimesa Girls Softbal
	(Board Use	Only)	
Board Member Receiving Com	plaint:	D	Pate Collected:
Action Taken:			