

# CYO Athletics Archdiocese of Seattle

## Incident Report

- Please be advised that this form should go directly to your Parish/School Athletic Director (AD).
- He or she will review your submission and determine whether or not action or response from CYO Athletics is necessary. Unless requiring action at a given facility, incident reports regarding injuries will be utilized by the individual parish/school and will not be forwarded on to CYO Athletics.
- If forwarding on to CYO Athletics is warranted, as per policy, your AD will do so.
- Depending on the nature of the incident, you (and the witnesses listed) may or may not be contacted by a CYO Athletics representative in the process.
- Representatives of CYO Athletics may contact any and all parties to the issue to determine the appropriate course of action. This may include but is not limited to: incident report writer and witnesses, individual or team who are the focus of the incident report, coaches and AD's of parishes/schools involved, game officials, unbiased observers.
- A decision will be made in consultation with the appropriate sport commission, taking into account current policy and practice as well as historical precedent. Once a decision has been reached, CYO Athletics will communicate that decision to the AD's of the parishes/schools involved.
- It is the responsibility of the Athletic Directors involved to follow up with the parties from their parish/school community that are involved, except in the case of citations against an individual which will be directly communicated by CYO Athletics. Athletic Directors will also receive this information.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street address City ZIP

Witness \_\_\_\_\_  
Name Phone E-mail

Witness \_\_\_\_\_  
Name Phone E-mail

Date of Incident \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

Describe What Happened:

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Any Apparent Injury? Yes/No.  
Please describe if "Yes":

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Actions Taken:

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Persons Notified \_\_\_\_\_  
When? \_\_\_\_\_

Date and Time of Report \_\_\_\_\_

Signature \_\_\_\_\_

Please circle one: Athletic Director  
Coach  
Parent  
Other \_\_\_\_\_