



Capital Amateur Hockey Association (CAHA) Zero Tolerance Spectator Incident Report
Completed reports to be sent to: Chris.Elliott@cahahockey.com,
Brian.Dennie@cahahockey.com, and Amanda.Bowers@cahahockey.com

Date/Time of Incident:

(Rink) Location:

Game #:

Team (Home):

Team (Away):

Security on Site (if applicable):

Description of Incident (please provide a detailed description):

Did incident involve a rink employee, player, coach, spectator or referee?

Were the police called? If so, what is the report number?

Anyone injured? Was an ambulance called?

Individuals involved in Incident:

Name:

Email:

Phone Number: (For each Individual)

Individual reporting Incident (shall remain confidential):

Name:

Email:

Phone Number: