



LTHC Citation Reporting Form

Full Name: _____ Date: _____

Address: _____

Email: _____ Phone: _____

Contact: _____

Player/Child's Name (if applicable): _____

Location of Incident: _____ Date: _____

Witness(es), if any: _____

Description of incident (make sure to include background information about the events before, during, and immediately after the incident). In your own words, please describe what happened (who, what, where, when, why & how):

Signature/Certification: The undersigned states that he/she has prepared or helped prepare this incident report form, has reviewed the completed form and certifies that the information provided is true and correct.

Signature: _____ Date: _____

Printed Name: _____