



Spectator Incident Report

Individual Reporting Incident (will remain confidential)

Name: _____

Email Address: _____

Phone Number: _____

Individual Involved in Incident (include each name if multiple individuals, contact info if known)

Name: _____

Email Address: _____

Phone Number: _____

Incident Information

Date / Time of Incident: _____

Rink Location & _____

Sheet Name / Number:

Team (home): _____

Team (away): _____

Security on Site: _____

(rink staff or other)

Description of Incident (*detailed description of the incident to include any injuries, police response to the incident and corresponding report numbers, ambulance or EMS response to the incident, names and roles of individuals engaged by the spectator; attach additional pages as needed; as available provide video evidence, score sheet copies, and names/contact information for others who should be contacted as witness to the incident*).

This form is designed to comply with requirements of USA Hockey's MidAM District for reporting of Spectator Behavior Incidents in violation with SCYIHA's Spectator Behavior Policy and Code of Conduct. Upon completion, submit to SCYIHA Discipline Coordinator & President.

