

## Eagles Hockey Club Incident Report

### COMPLAINTS MUST BE MADE IN WRITING

A written complaint is required. Verbal complaints to the Eagles' Board of Directors or Rules & Ethics Committee will not be reviewed. The written complaint must be made in writing and delivered to:

Eagles Hockey Club  
Attn: Rules & Ethics Committee  
P.O. Box 663  
Orland Park, IL 60462

If there are situations that involve criminal conduct or pose any threat to the safety to our children, players, families, coaches, guests, referees, officials or anyone else, we encourage everyone to contact the police immediately. The Eagles R&E Committee is not a law enforcement agency and does not have powers of arrest.

### Eagles Hockey Club Incident Report

Dated: \_\_\_\_\_

Coach/Parent/Manager: \_\_\_\_\_  
(Full Name)

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Player/Child's Name (if applicable): \_\_\_\_\_

Team: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Person(s) Involved: \_\_\_\_\_

Witness(es), if any: \_\_\_\_\_

Please use the below space to describe in detail the events of the incident being reported. Include information regarding before, during, and after the incident. Please be specific in depicting who, what,

where, when, why, and how the incident transpired and the events surrounding its immediate resolution. Attach additional sheets if necessary.

The undersigned verifies that he/she has prepared or helped in the preparation of this incident report, has reviewed its content for accuracy to the best of his/her ability, and certifies that the information provided is true and and correct.

Date: \_\_\_\_\_

Signature of Person Completing this incident report:

\_\_\_\_\_

\_\_\_\_\_  
(printed name)

Signature of BOD member, position receiving this report:

\_\_\_\_\_

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
Date