

ATHLETE CODE OF CONDUCT
INCIDENT REPORT

**Special
Olympics**
Iowa



Incident Date: _____ Report Date: _____

Athlete Name: _____

Address: _____ Phone: _____

Place where incident occurred: _____

Time of incident: _____

Witnesses to the Incident? Yes No

If yes, who were they? Name: _____

Phone Number: _____

Witness Comments:

List others involved: _____

If athletes were involved were parent/guardians notified? Yes No

Was the Delegation Manager notified? Yes No

When were they notified? _____ How? _____

Is the athlete his or her own legal guardian? Yes No

Description of the incident:

Describe any physical injuries:

Was medical treatment necessary? Yes No

Describe treatment in detail:

Name of Person making report: _____ Position: _____

Action taken:

Follow up: