

**COACH/CHAPERONE/UNIFIED SPORT PARTNER  
CODE OF CONDUCT INCIDENT REPORT**

**Special  
Olympics**  
Iowa



Incident Date: \_\_\_\_\_ Report Date: \_\_\_\_\_

Coach/Chaperone/Unified Sport Partner 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? \_\_\_\_\_

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: