



# CATHOLIC CHARITIES CYO INCIDENT REPORTING FORM

Send completed form within 48 hours of incident to Beth Flynn, CYO Athletic Coordinator, email to eaflynn@ccdole.org

Service Site Name (Facility, Parish, Field, Park, etc.)		City of Service Site	
Location in facility (gym floor, locker room, field, etc.)		Date of Incident	Time of incident <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Name of team #1 involved		Name & Phone of Coach of Team #1	
Name of team #2 involved		Name & Phone of Coach of Team #2	
Team Grade	Team Gender	Was it a Sanctioned Event? Y / N If Yes, Name of Sponsoring Member	
Name of Person #1 involved <input type="checkbox"/> Participant <input type="checkbox"/> Non-participant		Phone or Email	DOB
Name of Person #2 involved <input type="checkbox"/> Participant <input type="checkbox"/> Non-participant		Phone or Email	DOB
Name of Person #3 involved <input type="checkbox"/> Participant <input type="checkbox"/> Non-participant		Phone or Email	DOB
<b>Check Incident Type</b>			
<input type="checkbox"/> Behavior/Misconduct	<input type="checkbox"/> Injury or Concussion Protocol	<input type="checkbox"/> Media Involvement	
<input type="checkbox"/> Player, Coach, Fan Ejection (circle)	<input type="checkbox"/> EMS Called to Site	<input type="checkbox"/> Facility	
<input type="checkbox"/> Incident with Officials	<input type="checkbox"/> Police Called to Site	<input type="checkbox"/> Other	
Write a brief description of the incident. Add notes or additional documentation as available:			
Name of person completing this report		Date Form Completed:	
Role of person completing this report <input type="checkbox"/> Athletic Director <input type="checkbox"/> Site Director <input type="checkbox"/> Coach <input type="checkbox"/> Other		Email address	Phone Number