

BVBA – INCIDENT REPORT (PAGE 1)

THIS REPORT FORM MAY BE COMPLETED BY ANY MEMBER, PARENT, GUARDIAN, COACH, OFFICIAL OR OTHER BVBA PARTICIPANT. ADDITIONAL NAMES AND CONTACT NUMBERS MAY BE HELPFUL TO RESOLVE SITUATIONS WHICH WARRANTS COMPLETING THIS FORM.

INCIDENT DATE ____/____/____ **INCIDENT TIME** ____:____

PERSON COMPLETING THIS REPORT
(COMPLAINING PARTY)

NAME _____
ADDRESS _____ **CITY** _____ **ST** _____ **ZIP** _____ **HOME**
PHONE _____ **WORK PHONE** _____

PERSON TREATED WITH DISREGARD
(VICTIM IF DIFFERENT FROM ABOVE)

NAME _____
ADDRESS _____ **CITY** _____ **ST** _____ **ZIP** _____ **HOME**
PHONE _____ **WORK PHONE** _____

PERSON NAMED IN VIOLATION OF THE CODE OF CONDUCT
(SUBJECTS NAME OF COMPLAINING PARTIES CONCERN OR PROBLEM)

#1 NAME _____
TEAM ASSOCIATED WITH _____ **AGE DIVISION** _____
IS THIS PERSON A... PARENT: YES / NO COACH: YES / NO PLAYER: YES / NO UMPIRE: YES / NO
OTHER: (PLEASE EXPLAIN) _____

#2 NAME _____
TEAM ASSOCIATED WITH _____ **AGE DIVISION** _____
IS THIS PERSON A... PARENT: YES / NO COACH: YES / NO PLAYER: YES / NO UMPIRE: YES / NO
OTHER: (PLEASE EXPLAIN) _____

ON THE FOLLOWING PAGE, PLEASE EXPLAIN IN YOUR OWN WORDS WHAT CONCERNS OR COMPLAINT YOU HAVE AND PLEASE BE AS DETAILED AS POSSIBLE SO THAT THE ASSOCIATION MAY REVIEW AND TAKE CARE OF SITUATIONS AS THEY ARISE.

IF YOU WISH TO BE CONTACTED BY A MEMBER OF THE ASSOCIATION PLEASE INCLUDE THAT REQUEST IN YOUR WRITTEN DETAILS BELOW. YOU MAY USE THE BACK OF THE FOLLOWING PAGE IF NEEDED.

PLEASE SUBMIT BOTH PAGES OF THIS COMPLETED COMPLAINT FORM TO A BVBA BOARD MEMBER. A LISTING OF CURRENT BVBA BOARD MEMBERS CAN BE FOUND ON THE ASSOCIATION’S WEBSITE.

