

**ALBERTA 5 PIN BOWLERS' ASSOCIATION**

Bowling Headquarters
 PO Box 53680, RPO Ellerslie, Edmonton, AB T6X 0P6
 Tel: 403-320-2695 Fax: 403-320-2676
 Email: a5pba@telus.net Toll Free: 800-762-3075

INCIDENT REPORT

Page 1 of 2

Complete a Separate Form for each Incident**SUBMIT THIS FORM A5PBA BOWLING HEADQUARTERS WITHIN 5 DAYS OF THE INCIDENT**

This form should be used for each occasion of aggressive behaviour, verbal abuse, destruction of equipment or property (or threats of), physical assault (or threats of), medical issues, etc.

PLEASE PRINT CLEARLY

Name (<i>Who incident happened to</i>)	Include Full Name	ADULT	YOUTH
Tournament / Event		Duration of Event dates (mm/dd/yyyy)	
Name of Person Completing Report		Position / Title	
Date of Incident (mm/dd/yyyy)	Time of Incident	Location of Incident	
Who was involved? (<i>include witness(es) and contact numbers if possible</i>)			

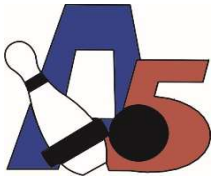
TYPE OF INCIDENT (*Check off as many as apply*)

<input type="checkbox"/>	Medical Issue / Injury	<input type="checkbox"/>	Drug / Alcohol Use	<input type="checkbox"/>	Fire
<input type="checkbox"/>	Allegation of Abuse / Neglect	<input type="checkbox"/>	Violence	<input type="checkbox"/>	AWOL
<input type="checkbox"/>	Curfew Violation	<input type="checkbox"/>	Abuse of Property	<input type="checkbox"/>	Other (<i>please specify</i>)
<input type="checkbox"/>	Threat of Self-Harm / Suicide Attempt	<input type="checkbox"/>	Rule infraction resulting in removal from Event		

If there is not enough room for items 1 through 4 below, please continue on page 2

1. Description of incident including what took place when the incident occurred.
2. Description of action taken at the event
3. Recommendations for further action.
4. Recommendations for changes in policy / procedures.

REFER TO PAGE 2 FOR ADDITIONAL COMMENTS



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PEOPLE CONTACTED / INVOLVED (check as many as applicable - include names, times, email if possible)

<input type="checkbox"/> Head Judge of Play	<input type="checkbox"/> Tournament Chairperson
<input type="checkbox"/> Zone Board Member	<input type="checkbox"/> Zone President
<input type="checkbox"/> A5PBA Board Member	<input type="checkbox"/> A5PBA President
<input type="checkbox"/> A5PBA Tournament Liaison	<input type="checkbox"/> Member's Family
<input type="checkbox"/> A5PBA Harrassment Officer	<input type="checkbox"/> Police / Fire or EMS
<input type="checkbox"/> Coach / Manager	<input type="checkbox"/> Bowlers
<input type="checkbox"/> Legal Guardian (if minor involved)	<input type="checkbox"/> Other (please specify)

ADDITIONAL COMMENTS (if pertains to a certain item number, please include for reference purposes)

Large empty box for additional comments.

Signature of Person Completing the Report	Contact Info (Please Print)	Date (mm/dd/yyyy)
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A5PBA Bowling Headquarters Use Only
Received <i>insert date (mm/dd/yyyy)</i>
Action Required