

# Speed Skate New Brunswick

## Incident Report

OCCURRENCE LOCATION		DATE	TIME
OCCURRED DURING			
TRAINING	COMPETITION	AFTER HOURS	OTHER
VICTIMS NAME	SEX	DOB	PHONE NUMBER/S
CLUB ADDRESS		CLUB NAME	
REPORTER NAME/ADDRESS			PHONE NUMBER/S

LIST ANY VULNERABILITIES:
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DETAILS OF DISCLOSURE IF VERBAL (ACTUAL FACTS ONLY)/OBSERVATIONS OF YOUTH:
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SUMMARY OF OCCURRENCE
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Name/Address/Phone Numbers of any Witnesses:
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This complaint involves: (please circle)
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HARRASSMENT	BULLYING	ABUSE	NEGLECT.....OTHER
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Were the Police or Social Services Contacted? YES _____ NO _____
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Recommendations for resolution and/or disciplinary action:
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RECEIVED BY (DATE)	ASSIGNED FOR FOLLOW-UP TO (DATE)	PRESIDENT'S INITIALS
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