



WVL Incident Report Form 2024

Please complete the following incident report form (within 48 hours) and email to coordinator@wellandvolleyball.ca.

Full name of person completing this report:	
Role:	<ul style="list-style-type: none"> ● Referee ● Executive Member ● Team Captain ● Other: _____
Signature:	
Date:	

Incident Description

Date and time of incident:	
Location:	
Division:	
Team Name(s) involved in the incident:	
Type of incident: <ul style="list-style-type: none"> ● Injury ● Unsportsmanlike conduct ● Abuse/Harassment ● Issue with the facilities ● League policy/rule violation ● Other: _____ 	
Name(s) of person(s) involved in the incident:	Role(s): <ul style="list-style-type: none"> ● Referee ● Executive Member ● Team Captain ● Player ● Spectator ● Other: _____



Description of incident: *(Please give as much detail as possible)*

Witnesses

Full Name	Role (player, spectator, referee, scorekeeper...etc.?)	Phone Number	Email

Reporting of the incident to WVL Executive Team:

Incident Reported to: <ul style="list-style-type: none">• Referee• Executive Member	Date:
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How was this incident reported:

- In-person
- Phone call/ Text Message
- Email
- Other: _____

Request for follow-up/action from the WVL Executive Team?

- No
- Yes

If yes, what course of action would you like to see from the WVL?

Follow Up Action

Description of actions to be taken by the WVL Executive Team/League: