

MISCONDUCT REPORT FORM



Today's Date: _____

This form should be filled out completely by the person that was involved in or witnessed the misconduct at a team practice, ride, race, or other League event. If reporting an incident, all parties or witnesses should submit their own form.

Please submit this form to the League Director within 48 hours of the incident.

Personal Information

Reporting Person: _____ Team Affiliation: _____

Tel: _____ Email Address: _____

Sex: Male Female Role(s): Athlete Coach Parent Other: _____

Are you 18 years or older: Yes No

Incident

Date of Incident: _____ Time of Incident: _____ AM PM

Location of Incident: _____ Team Practice/Ride League Race

Other (specify): _____

Name(s)/bib #(s)/team affiliation of the perpetrator(s) _____

Were there any witnesses: Yes No

If yes, please provide their name(s) & contact information: _____

Describe the incident: _____

Did any physical injury result from this incident? Yes No

If yes, please describe: _____

Submitted By

I prepared this report and attest that the foregoing information is true and correct to the best of my knowledge.

Printed Name: _____ Signature: _____

Date: _____ Phone: _____