

PHA Coach's Incident Reporting Form

Section A. Individual making the report

First Name:	Last Name:	
Address:		
City/Town:	Province:	Postal Code:
Home Phone:	Cell Phone:	email:

Section B. Team(s) involved in the incident (identify team by team # or colour of jersey or place of origin)

Home Team:	Visiting Team:	
Division:	Date of Game: (year/month/day) ____ . ____ . ____	

Section C. Name of player(s) or individual(s) involved in the incident (if not known to you then please provide a description of the individual and the role he or she played during the incident)

First Name:	Last Name:	
Division:	Team #:	

Section D. Please provide the following details with respect to your complaint

Date of Incident: (year/month/day) ____ . ____ . ____
Location of incident: (if incident(s) occurred within a facility, the location where incident took place e.g. dressing room #, hallway, location on-ice, in the stands, etc, any additional detail would be helpful)

Section E. Please provide a descriptive summary of the incident

If necessary please use the back of this form

Section F. Please provide the names and contact information of any player, on-ice official or team official, parent or care giver who was a witness to the incident

Name	Home phone #	Cell phone #	email

If necessary please use the back of this form

Signature of Coach filing this report: _____ Date: ____ / ____ / ____

submit to: riskmanagement@peterboroughhockey.com

copy to: riskmanagement2@peterboroughhockey.com
vp.operations@peterboroughhockey.com