



# Incident Form

Complete and return this form to the Board President to report an incident.

|   |   |
|---|---|
| <b>Date of Incident:</b>  | <b>Time of Incident:</b>  |
| <b>Nature of Incident:</b><br><input type="checkbox"/> Rule/Code Violation<br><input type="checkbox"/> Verbal Dispute | <input type="checkbox"/> Conflict of Interest<br><input type="checkbox"/> Violence/Crime<br><input type="checkbox"/> Other: _____ |
| <b>Name of Individuals Involved:</b>  |   |
| <b>Describe Incident:</b>   |   |
| <b>Immediate Action Taken:</b>  |   |
| <b>Recommendation for Further Action:</b>   |   |
| <b>Reported by:</b>   | <b>Date:</b>  |
| <b>Received by:</b>   | <b>Date:</b>  |
| <b>Board Action:</b>  |   |
| <b>Date:</b>  |   |