

BUFC Incident Report Form

For serious incidents that occur during BUFC Games or Practices



Your contact information is confidential and will only be used by BUFC for follow up or additional information

Name: _____ Email Address: _____

Details

Date of Incident: _____ Time of Incident: _____ Location: _____

Teams Involved: _____ and _____

Is Your Concern:

Player Behavior: Player name (if known) _____ Level: _____ Gender: F M

Coach Behavior: Coach Name: _____ Age Group: _____ Level: _____

Parent/Spectator Behavior: Name(s) (if known): _____ Gender: F M

Field/Equipment Concern: _____

Describe the incident: Please include as much detail as possible

Please save and forward completed form to: generalmanager@baysunited.ca