

# SAFE SPORT INCIDENT REPORT

Disclaimer: This tool was developed by viaSport for information purposes. viaSport does not collect reports or investigate complaints. Please send your completed form to the organization who was running the activity where the incident occurred.

## This incident form was completed by:

NAME:	ORGANIZATION:	
CONTACT INFORMATION:	DATE (DD/MM/YYYY):	
<b>How would you prefer to be contacted?</b>	<b>Please indicate who you are completing this report for; who will receive this incident report? Please check all that apply:</b>	
Phone	Myself	Sports Club
Email	My child	Provincial Organization
What else do we need to know about contacting you?	Other (write below):	National Organization
		Other (write below):

## ABOUT THE INCIDENT

DATE OF INCIDENT (DD/MM/YYYY):	LOCATION OF INCIDENT:
TIME OF INCIDENT:	AM      PM
NAME OF AFFECTED PERSON:	NAME OF EMERGENCY CONTACT:
CONTACT INFO OF AFFECTED PERSON:	CONTACT INFO OF EMERGENCY CONTACT:

**Describe the incident. Please include as much detail as possible:**

**What would you like the outcome of this report to be? Please check all that apply:**

- |               |                        |        |
|---------------|------------------------|--------|
| For info only | Behaviour change       | Other: |
| Meeting       | Policy change          |        |
| Mediation     | Formal complaint filed |        |

**What was the immediate response to the incident?  
Please check all that apply:**

- No response
- Behaviour stopped
- Discussion with all involved
- Removal/suspension of one or more people
- Other:

**What was the immediate outcome of the incident?  
Please check all that apply:**

- Returned to activity
- Attended to by staff
- Left with emergency contact
- Left independently
- Received mental health support information
- Other:

**Did this incident appear to breach the BC Universal Code of Conduct or the UCCMS?**

- Yes                  No                  Don't know

**If yes, check all that may apply:**

- Boundary transgression
- Grooming
- Discrimination
- Psychological maltreatment
- Physical maltreatment
- Sexual maltreatment
- Neglect
- Subjecting someone to the risk of maltreatment
- Aiding and abetting maltreatment
- Filing a false allegation
- Failure to report maltreatment
- Interference or manipulation of process
- Retaliation
- Other:

**To be filled out by administration only**

**Did this incident result in a formal complaint?**

- Yes                  No                  Don't know

**Could this incident have been prevented?**

- Yes                  No                  Don't know

**Please describe any follow-up actions that have been taken (e.g., safety risk assessment):**

**Please describe how this incident could or could not have been prevented:**

**Please describe any follow-up actions that are needed (e.g., systemic actions to ensure health and safety):**