

**ZERO TOLERANCE REPORTING FORM**

DATE: \_\_\_\_\_ NAME OF FACILITY: \_\_\_\_\_

NAME OF STAFF PERSON: \_\_\_\_\_ STAFF POSITION: \_\_\_\_\_

TIME OF INCIDENT: \_\_\_\_\_ LOCATION OF INCIDENT: \_\_\_\_\_

DETAILS OF INCIDENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARTICIPANTS:**

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

PHONE #: \_\_\_\_\_

CELL#: \_\_\_\_\_

CELL #: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

PHONE #: \_\_\_\_\_

CELL#: \_\_\_\_\_

CELL #: \_\_\_\_\_

COACH'S NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MANAGER'S NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ASSOCIATION NOTIFIED

Yes: \_\_\_\_\_

No: \_\_\_\_\_ If no, why: \_\_\_\_\_

ASSOCIATION CONTACT:

NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

POLICE CALLED

Yes: \_\_\_\_\_ Occurrence #: \_\_\_\_\_

No: \_\_\_\_\_

Name of Officer: \_\_\_\_\_ Badge #: \_\_\_\_\_

Phone # \_\_\_\_\_ Ext. #: \_\_\_\_\_

WITNESS:

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_

Other comments: