



# Mastering Life through Sports

Gwinnett Masters Special Olympics

P.O. Box 491803  
Lawrenceville, GA 30049  
Phone: 404-625-3988  
FAX: 1-866-231-6432

## First Report of Incident

Person Completing Form: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ I am a:

E-mail: \_\_\_\_\_  
 Coach     Coordinator     Board Member  
 Athlete     Family Member     Other

### Individuals Involved

Name: \_\_\_\_\_ Individual is a:

Telephone Number: \_\_\_\_\_  
 Coach     Coordinator     Board Member  
 Athlete     Family Member     Other

Name: \_\_\_\_\_ Individual is a:

Telephone Number: \_\_\_\_\_  
 Coach     Coordinator     Board Member  
 Athlete     Family Member     Other

Please list any additional witnesses: \_\_\_\_\_

### Documentation

This occurred at:  State Competition     Area Competition     Practice     Other: \_\_\_\_\_

Date it occurred: \_\_\_\_\_ Time it occurred: \_\_\_\_\_ a.m.     p.m.

Parent/Guardian/Caregiver Notified:  Yes     No     Athlete is own guardian

Date Notified: \_\_\_\_\_

Please describe what happened (please use reverse side if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this occurred previously?  No     Yes (please list dates): \_\_\_\_\_

What actions have been taken to date (see Volunteer & Athlete Codes of Conduct)

Verbal Warning     Written Warning (please attach copy)     One-on-One Meeting

Other (please describe): \_\_\_\_\_

### GMSO Use Only

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

