



# CATHOLIC CHARITIES CYO INCIDENT REPORTING FORM

**PLEASE PRINT.** Once completed, this form should be sent to Christopher Farroni, Athletic Administrator - fax to 216-334-1270.

Service Site Name (Facility, Parish, Field, Park, etc.)		Address of Service Site	
Location in facility (gym floor, locker room, field, etc.)		Date of Incident	Time of incident <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Name of team #1 involved		Name & Phone of Coach of Team #1	
Name of team #2 involved		Name & Phone of Coach of Team #2	
Name of Person #1 involved <input type="checkbox"/> Participant <input type="checkbox"/> Non-participant	Phone or Email	DOB	
Name of Person #2 involved <input type="checkbox"/> Participant <input type="checkbox"/> Non-participant	Phone or Email	DOB	
Name of Person #3 involved <input type="checkbox"/> Participant <input type="checkbox"/> Non-participant	Phone or Email	DOB	
<b>Check Incident Type</b>			
<input type="checkbox"/> EMS called to site		<input type="checkbox"/> Behavior Misconduct	
<input type="checkbox"/> Police called to site		<input type="checkbox"/> Property Damage	
<input type="checkbox"/> Injury/Concussion		<input type="checkbox"/> Other	
Write a brief description of the incident:			
Name of person completing this report			Date:
Role of person completing this report <input type="checkbox"/> Pastoral Designee <input type="checkbox"/> Site Director <input type="checkbox"/> Coach <input type="checkbox"/> Other	Email address	Phone Number	