



# Catholic Youth Organization/ Camp Howard

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## General Incident Report

*To be completed by Athletic Director, Coach or Site Monitor*

**Note: This form is to be used for violations of the CYO "Code of Conduct" Violations and must be filed within 24 hours to CYO**

Incident Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

Person involved in the incident \_\_\_\_\_ Coach [ ] Participant [ ]

CYO Club \_\_\_\_\_ Sport \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

If Participant, name of Parent/Guardian \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Description of incident \_\_\_\_\_

How did incident happen? \_\_\_\_\_

What was the person doing when the incident happened? \_\_\_\_\_

Address where incident occurred \_\_\_\_\_

If Police or Fire Dept. were called, Officer name and phone \_\_\_\_\_

Witness #1 \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Witness #2 \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Site Monitor/Phone Number \_\_\_\_\_ Name of Game Official \_\_\_\_\_

Your Name/Phone Number \_\_\_\_\_

**Do Not Write in This Box**

_____	_____	_____
CYO Receipt	Commission Receipt	Rules/Compliance Receipt
_____	_____	_____
Copy to Club AD	Commission Review	Rules/Compliance Review
_____	_____	_____
Club Action	Commission Action	Rules/Compliance Action

USE BACK OF FORM FOR ADDITIONAL COMMENTS