



Sanctioned Tournament Incident Report

This form is to be used by any individual who witnesses a clear violation of Ontario Basketball's policies and procedures. Each report will be reviewed and it will be determined if further investigation is necessary by the Fair Play Commissioner. Reports will be kept on file should the Fair Play Commissioner require access to them for future complaints and reviews. Ontario Basketball values all reports received and will help ensure that all individuals, members, clubs and officials are operating to the highest standards.

Date of Incident: _____ **Scheduled Game Time:** _____ **Gym Location (City):** _____
Game Host: _____ **Age Category:** _____ **Gender (Boys/Girls):** _____
Home Team: _____ **Visiting Team:** _____

Name of Players Involved	Number	Team

Name of Others Involved	Position <small>(Coach, Official, etc.)</small>	Team

Name of Other Witnesses	Contact Information

Time of Incident: _____ **During Game? (Y/N)** _____ **Sanctioned Event? (Y/N)** _____
First Aid Applied? (Y/N) _____ **Police Called? (Y/N)** _____ **Ambulance Called? (Y/N)** _____

Details and Explanation of Incident: (Do not elaborate. Simply state the facts. Use another page if necessary.)

Submitted By

Note: If submitted by a Game Official, please submit a copy of the officials' witness summary from the official scoresheet.

Name	Position	Contact Information	Signature	Date

Send To: Emerson Molina emolina@basketball.on.ca c/o Ontario Basketball 55 Gordon Street, Suite 2A Whitby, ON L1N 0J2	OFFICE USE ONLY Incident No: _____ Date: _____
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