



Special Olympics

Arizona

CODE OF CONDUCT INFRACTION REPORT FORM

Date of Incident:		Location of Incident:	
Person(s) in Violation:			
Affiliation with SOAZ: <input type="checkbox"/> Staff		<input type="checkbox"/> Coach	<input type="checkbox"/> Other
<input type="checkbox"/> Board Member		<input type="checkbox"/> Venue Coordinator	
<input type="checkbox"/> Athlete		<input type="checkbox"/> Volunteer	
If Other, specify:			
Contact information for person(s) in Violation (if unknown, leave blank):			
Phone:		Email:	

If applicable, list witnesses to the incident. Each witness is asked to complete a separate Infraction Report Form.

Name:	Daytime Phone:
Name:	Daytime Phone:

Please provide a detailed description of the incident or behavior which you believe to be in violation of SOAZ's Code of Conduct. If necessary, use back of form or attach an additional sheet.

Date Infraction Report Form Completed:	Detailed description of incident attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Person Filing Report:		
Affiliation with SOAZ: <input type="checkbox"/> Staff		<input type="checkbox"/> Coach
<input type="checkbox"/> Board Member		<input type="checkbox"/> Venue Coordinator
<input type="checkbox"/> Athlete		<input type="checkbox"/> Volunteer
If Other, specify:		
Address:		
City:	State:	Zip:
Daytime Phone:	Evening Phone:	Best way to be reached:
Email:		

PLEASE RETURN THIS FORM WITHIN TWO WEEKS OF THE INCIDENT TO:
SPECIAL OLYMPICS ARIZONA, INCIDENT REVIEW GROUP,
2100 SOUTH 75TH AVENUE, PHEONIX, AZ, 85043