



161 Newkirk Road, Richmond Hill, Ontario, L4C 3G6
Tel: 289-894-7422 Website: www.rhac.ca

INCIDENT REPORT FORM

Use this form to report incidents, injuries, medical situations, swimmer behaviour incidents
(A report must be completed within 24 hours of the event and send to: rhawswim.clubregistrar@gmail.com)

Date of Report: _____, 20____

THE INCIDENT

Full Name: _____ Group: _____ Coach: _____

Date of Incident: _____, 20____ Time: _____ AM PM

Location: _____

Describe the Incident (use back of this form if needed): _____

Who did It: _____

What did they do: _____

When did they do it: _____

Where did it happen: _____

PROTOCOL

Was anyone injured? ☐ Yes ☐ No If yes, notify parent/guardian: _____

Was the code of conduct breached? ☐ Yes ☐ No If yes, notify head coach/BOD: _____

Were the facility rules breached? ☐ Yes ☐ No If yes, notify head coach/BOD: _____

Was another swimmer involved? ☐ Yes ☐ No If yes, notify other swimmer parent: _____

WITNESSES

Were there witnesses to the incident? ☐ Yes ☐ No Witness' name and contact: _____

Reporter's Name: _____ Signature: _____ Contact Info: _____

Swim Ontario Complain Process: <https://www.swimontario.com/sport-safety/complaints/>