

Misconduct or Inappropriate Behavior

INCIDENT REPORT FORM



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This report must be completed for any situation at an official Special Olympics event where a participant creates a behavior problem that violates the code of conduct, is detrimental to participating athletes, or affects the positive image of Special Olympics. Participants are defined as, but not limited to, athlete, unified partner, coach, chaperone, volunteer or family member. Notify Special Olympics Michigan within 24 hours of the incident by calling (800)644-6404.

IF YOU SUSPECT ABUSE or neglect you are required to report. Contact the Michigan Department of Health and Human Services at (855) 444-3911 or call the police at 911. Notify Special Olympics Michigan with 24 hours of reporting the incident at (800)644-6404.

PERSON COMPLETING THIS REPORT		
Last Name	First Name	MI
Area #	Date of Incident	
Address	City/State/Zip	
Home Phone ()	Cell Phone ()	
SOMI Role <input type="radio"/> AD <input type="radio"/> Coach <input type="radio"/> Volunteer <input type="radio"/> Family <input type="radio"/> Athlete <input type="radio"/> Other:		

WHO WAS INVOLVED IN THE MISCONDUCT OR INAPPROPRIATE BEHAVIOR?		
Last Name	First Name	MI
Area #	Date of Incident	
Address	City/State/Zip	
Home Phone ()	Cell Phone ()	
SOMI Role <input type="radio"/> AD <input type="radio"/> Coach <input type="radio"/> Volunteer <input type="radio"/> Family <input type="radio"/> Athlete <input type="radio"/> Other:		

Last Name	First Name	MI
Area #	Date of Incident	
Address	City/State/Zip	
Home Phone ()	Cell Phone ()	
SOMI Role <input type="radio"/> AD <input type="radio"/> Coach <input type="radio"/> Volunteer <input type="radio"/> Family <input type="radio"/> Athlete <input type="radio"/> Other:		

WITNESSES		
Last Name	First Name	MI
Area #	Date of Incident	
Address	City/State/Zip	
Home Phone ()	Cell Phone ()	
SOMI Role <input type="radio"/> AD <input type="radio"/> Coach <input type="radio"/> Volunteer <input type="radio"/> Family <input type="radio"/> Athlete <input type="radio"/> Other:		

Last Name	First Name	MI
Area #	Date of Incident	
Address	City/State/Zip	
Home Phone ()	Cell Phone ()	
SOMI Role <input type="radio"/> AD <input type="radio"/> Coach <input type="radio"/> Volunteer <input type="radio"/> Family <input type="radio"/> Athlete <input type="radio"/> Other:		

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WHERE DID THE INCIDENT OCCUR?

Name of SOMI Event

City

Exact Location *Example: training site, competition venue, locker room, hotel room, committee meeting, bus, etc.)*

WHEN DID THE INCIDENT OCCUR?

Date

Day

Time

DESCRIBE THE INCIDENT

FOLLOW-UP

What action or follow-up occurred on-site or to date? Check here if not involved in follow-up.

Was a police report filled out? Yes No

SOMI USE ONLY

RESULT / Action taken

Date by which SOMI will notify parties involved

Time frame for the result / action? (*e.g., suspended for a year, overnight travel restricted for a month, etc.*)

Beginning Date

End Date

SOMI REPRESENTATIVES INVOLVED IN THE PROCESS

Name

Title

Phone ()

Name

Title

Phone ()

Name

Title

Phone ()

Name

Title

Phone ()