An Incident Reporting Form is used to document and address **any physical injuries (BEYOND basic First Aid), behavior concerns, safety issues, or misconduct** that occur during Little League activities. This includes incidents involving players, coaches, volunteers, parents, or spectators. The form helps ensure incidents are handled consistently, fairly, and in a timely manner, while supporting a safe, respectful, and positive environment for everyone involved in Little League baseball. This form must be filled out within 24 hours of the incident either online or in paper form and submitted either online or in person to the Lynn Valley Little League Safety Officer

League Information

Division: _____

Field/location: _____

Incident Details:

Date of incident: ___ / ___ / _____

Time of incident: _____ AM/PM

Game/Practice: ☐ Game ☐ Practice ☐ Other

Teams Involved:

Person(s) Involved: (attach additional pages if needed)

Name: _____

Role: ☐ Player ☐ Coach ☐ Volunteer ☐ Umpire ☐ Spectator

Age (if player): _____

Team: _____

Conduct & Behavior (if applicable)

- Physical altercations (player, coach, spectator)
- Verbal abuse, threats, or harassment
- Ejections of players, coaches, or spectators
- Bullying or hazing
- Suspected abuse or neglect (follow mandatory reporting laws)
- Racist, sexist, homophobic, transphobic or other anti-inclusive behaviour

Description of Incident: Describe facts only – who, what, where, how. No opinions. Use additional pages if needed.

Injury Information (if applicable)

Was anyone injured? ☐ Yes ☐ NO

If yes:

Type of injury:

- Head/Concussion
- Fracture
- Cut/Laceration
- Heat illness
- Other: _____

Body part affected: _____

Medical Treatment Required (if applicable):

- First Aid only
- EMT called
- Transported to hospital
- Parent transport
- Other: _____

Action Taken: Check all that apply

- First Aid administered
- Player removed from play
- 911/Emergency Services called
- Ejection issued
- Police notified
- Parent/Guardian notified

Details:

Witnesses:

Name: _____ Phone/Email: _____

Name: _____ Phone/Email: _____

Reporting Individual:

Name: _____

Role: ☐ Coach ☐ Umpire ☐ Safety Officer ☐ Other

Phone: _____

Email _____

Signature _____

Date Submitted: ____ / ____ / _____

League Use Only

Reviewed By: _____

Date Reviewed: ____ / ____ / _____

Follow-Up Required: ☐ Yes ☐ No

Corrective Action Taken:
