

Code of Conduct Violation Conduct Report Form

Special Olympics
Virginia



Name of athlete/volunteer: _____

Please check one: Athlete Coach Volunteer

Date of incident: _____

Event/Location of incident: _____

Witnesses to incident

Name	Role in Special Olympics Virginia Program
_____	_____
_____	_____
_____	_____

Describe the incident

Action taken at the time of incident

Form Completed By: _____

Date Completed: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-mail: _____

Area Coordinator (AC) Name: _____ Date received by AC: _____

Immediate Action Plan (Completed by Area or Local Coordinator)

Example: 11/14/13 - Notification sent to volunteer regarding incident from Area Coordinator

Date	Action to be taken
_____	_____
_____	_____
_____	_____

