

**Section:** PROGRAM  
**Topic:** INCIDENT REPORT FORM  
**Effective Date:** October 2003  
**Revised Date:** February 2018

---

**5000-04**

**Page 1 of 2**

Any and all incidents that compromise the safety or wellbeing of Special Olympics athletes or volunteers during a Special Olympics sanctioned event must be documented and filed with the provincial office within 10 days of the incident.

- Notification of the incident to the Special Olympics PEI office must be submitted within 24 hours
- Incident reports must include all relevant facts and be submitted within 48 hours
- Statements from all witnesses will routinely be obtained & filed with report
- Official records from external respondents must be filed with report (e.g. doctor's note, ambulance invoice)
- The Executive Director will determine required follow-up and will ensure appropriate communication with the affected individuals

Section: PROGRAM  
Topic: INCIDENT REPORT FORM  
Effective Date: October 2003  
Revised Date: February 2018

5000-04  
Page 2 of 2

*Special  
Olympics  
Prince Edward Island*



# INCIDENT REPORT FORM

For the purpose of insurance, all incidents must be reported to the Special Olympics Prince Edward Island office. Special Olympics Prince Edward Island is not liable for any expenses incurred as a result of any accident, and the information provided on the Incident Report Form will be forwarded to the insurance company's claim department.

## CONTACT INFORMATION OF

NAME: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY/TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK/CELL PHONE: \_\_\_\_\_

## INCIDENT INFORMATION

NAME OF THE PERSON(S) INVOLVED IN THE INCIDENT:

\_\_\_\_\_  ATHLETE  COACH  VOLUNTEER  PARENT  OTHER \_\_\_\_\_ (SPECIFY)  
\_\_\_\_\_  ATHLETE  COACH  VOLUNTEER  PARENT  OTHER \_\_\_\_\_ (SPECIFY)  
\_\_\_\_\_  ATHLETE  COACH  VOLUNTEER  PARENT  OTHER \_\_\_\_\_ (SPECIFY)  
\_\_\_\_\_  ATHLETE  COACH  VOLUNTEER  PARENT  OTHER \_\_\_\_\_ (SPECIFY)

## NATURE OF THE INCIDENT:

INJURY  BEHAVIOR  MEDICAL  BREACH OF PROGRAM RULES/EXPECTATIONS  BULLYING  OTHER

**DESCRIBE THE INCIDENT IN DETAIL: (PLEASE INCLUDE THE NAMES OF ALL WITNESSES AND USE THE BACK OF THIS SHEET IF NECESSARY)**

---

---

---

---

---

---

---

---

---

---

Signature: \_\_\_\_\_

Date: \_\_\_\_\_