

JAMES RIVER AQUATIC CLUB



INCIDENT REPORT
Confidential Reporting Form

This is not an ACCIDENT REPORT
(If an accident occurs during swim team, please get an Accident Form from your coach)

Date of report: _____

Date of Incident: _____

Person reporting:

All names of person(s) reporting and/or swimmers involved in the incident will remain confidential.

Name: _____

Phone #: _____

Address: _____

City: _____

State/Zip: _____

Signature: _____

Incident Details:

Location of Incident: _____

Description of Incident: _____

Description of Incident Continue:

Witnesses:

Name: _____

Phone #: _____

Address: _____

City: _____

State/Zip: _____

Witness Description of Incident: _____

(Attach additional page if needed)

Coach(s) on Deck or present during incident: _____

Was Coach(s) notified of incident: _____

Was Referee notified of incident: _____

This completed form should be emailed to JRAC VP Swim within 24 hours of Incident - jracvpswim@gmail.com