



# SPEED SKATING CANADA INCIDENT REPORT

Name of writer: \_\_\_\_\_

Position/Role: \_\_\_\_\_

Date of incident (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Time of incident: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Individual(s) involved in the incident:

Objective description of the incident (please be thorough, accurate, and complete):

Names of individual(s) who observed the incident:

Conduct action which was taken (if applicable):

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

Date (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

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