TEXAS CHRISTIAN ATHLETIC LEAGUE

Incident Reporting Form and Statement (Rev. 8/2011)

In the event an incident takes place according to the by-laws of **T★CAL** Article IX, Section 9.05, the following incident report must be filled out and presented to the District Chair, Sports Commissioner, and copied to the State Office.

PLEASE FILL OUT FORM COMPLETELY

Your position (Circle One) Referee/Umpire Coach Administrator Staff

Other (Please explain) _____

Type of Incident (circle all that apply)

Coach Ejection Fan Ejection Player Ejection Physical Contact by a Non-Player

Other _____

Game Site (Location) _____ **Date** _____

Visiting Team _____ Home Team _____

Visiting Coach _____ Home Coach _____

Visiting Coach Phone _____ Home Coach Phone _____

Other Method of Contact _____ Other Method of Contact _____

How/when do we contact you? _____

Level of Game

District Regional State Other _____ **Gender** Boys Girls

Your comment on the situation: (PLEASE SPECIFY IF ACTUAL FIGHTING OCCURRED)attach a separate sheet of paper or multiple forms as indicated below, if necessary.

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