



For Office Use Only SOMT Approval by: _____ Signature/Date: _____
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Behavior Incident / Misconduct Report Form

This report should be completed to report a situation at any SOMT event where a participant creates a behavior problem that violates the code of conduct, is detrimental to participating athletes, or affects the positive image of Special Olympics participants. Participants include athlete, coach, volunteer, family member, spectator, staff or official at any SOMT event.

Person filing this report:

Print Name & Sign:	
Date Form was Completed:	
Address, City, State, Zip:	
Telephone and Email address:	

Person exhibiting problem behavior:	
Date of Incident:	
Event Where Incident Occurred:	
Role with SOMT:	

Please Describe the Incident:

Action Taken at the Time of Incident:

Witnesses to Incident:

Name & Role with SOMT	Signature

Comprehensive Action Plan for Incident: (one on one supervision, suspension, expulsion, etc.)

To be completed when final action plan is decided upon

Date	Action to be Taken

