

Please Return Form to:  
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PLEASE FILL OUT ONE FORM PER INCIDENT

## Athlete Code of Conduct Violation Reporting Form

Date: \_\_\_\_\_ Reported by: \_\_\_\_\_ Phone: \_\_\_\_\_

### CODE OF CONDUCT VIOLATION INCIDENT INFORMATION

- Disrespectful behavior
- Destruction of facilities and equipment
- Use of profanity or verbal abuse
- Use of alcohol, illegal drugs or any controlled substances during any Special Olympics event, using drugs for the purpose of improving performance or use of tobacco in restricted areas
- Inappropriate or unwanted physical, verbal or sexual advances on others
- Physical altercations violent or disruptive behavior
- Dating or having an intimate relationship with any Special Olympics volunteer, coach or staff member

Date incident occurred: \_\_\_\_\_ Location/Event: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Incident description: (use reverse side if you need additional space)

Name / role / contact information of parties involved

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Name / role / contact information of witnesses

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### OFFICE USE ONLY - DO NOT FILL-IN BELOW THIS LINE

RESPONSE TAKEN:

- Screened out – Does not rise to the level to warrant follow-up action
- Warning and Supervision
- Meeting with committee
- Volunteer service
- Suspension with approval for reentry
- Other (describe below)

STAFF COMMENTS:

EVENT STAFF OR AREA DIRECTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRESIDENT & CEO SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_