

Please Return Form to:  
angela@specialolympicsarkansas.org



PLEASE FILL OUT ONE FORM PER INCIDENT

## Coach Code of Conduct Violation Reporting Form

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

### CODE OF CONDUCT VIOLATION INCIDENT INFORMATION

- Unprofessional conduct with athletes, coaches, opponents, officials, administrators, parents, spectators, staff, media, etc.
- Substance use by a coach that impacts Special Olympics Arkansas.
- Physical, sexual, verbal or financial abuse or neglect by a coach.
- Concern about a relationship between a coach and an athlete.
- Other

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

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

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

Did this incident involve a Special Olympics Arkansas athlete?  Yes  No

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 (no violation)
- Intervention and counsel on violation
- 1<sup>st</sup> violation warning given to coach
- Final warning given to coach
- Coach relationship terminated
- Other (describe below)

STAFF COMMENTS:

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

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