RESPECT + INCIDENT REPORT FORM

Please complete ALL sections of this form neatly and in detail and once completed, sign the form and submit it by fax, mail or deliver it to Orillia Parks & Recreation.

INDIVIDUAL REPORTING DETAILS

All parts of this form must be completed or report will not be received.

Name of Person Reporting: _____

Phone #: (Day) _____ (Evening) _____

Email Address: _____

☐ Parks & Recreation Staff ☐ Respect Ambassador ☐ General Public

Did you witness the incident? ☐ YES ☐ NO

If you did not witness the incident, please complete this section

Name of the person who reported the incident to you: _____

Phone #: (Day) _____ (Evening) _____

INCIDENT DETAILS

Date of Incident: _____ **Time of Incident:** _____

Facility / park name: _____

Location in the facility / park (be specific): _____

Association / Organization involved: _____

WITNESS DETAILS *(if you do not know the persons name please provide a detailed description)*

Witness Name: _____ **Phone #:** _____

Position in Facility *(i.e. Staff, Spectator, Player, etc.)* _____

Description:

Witness Name: _____ **Phone #:** _____

Position in Facility *(i.e. Staff, Spectator, Player, etc.)* _____

Description:

Witness Name: _____ **Phone #:** _____

Position in Facility *(i.e. Staff, Spectator, Player, etc.)* _____

Description:

NOTE: If there are additional witnesses please provide information on a separate page.

THIRD PARTY INVOLVEMENT

Was anyone else made aware of the incident? ☐ YES ☐ NO

If yes, who was contacted?

Police: ☐ Ambulance: ☐ Fire Department: ☐ Parent/Spectator: ☐

Parks & Recreation Staff: ☐ Respect Ambassador: ☐ Other: ☐

Name: _____ **Occurrence#:** _____ **Position:** _____

Name: _____ **Occurrence#:** _____ **Position:** _____

Name: _____ **Occurrence#:** _____ **Position:** _____

CATEGORY: (*please check all that apply to the incident)*

☐ Inappropriate behaviour ☐ Refusal to follow rules ☐ Taunting / Ridiculing

☐ Obscene / Vulgar language or acts ☐ Intimidation ☐ Harassment

☐ Verbal Threats ☐ Verbal assault ☐ Physical contact

☐ Physical violence ☐ Vandalism ☐ Use of alcohol / drugs

Other (explain): _____

PERSON(S) INVOLVED

Individuals Name: _____ **Position** ***(i.e. Spectator, Player, etc.)*** _____

Description (provide as much detail as possible) _____

Individuals Name: _____ **Position** ***(i.e. Spectator, Player, etc.)*** _____

Description (provide as much detail as possible) _____

NOTE: If there are additional people involved, please provide their information on a separate page.

DESCRIBE THE INCIDENT – IN DETAIL: (If additional space is required please attach additional pages)

Tone of Voice (yelling, threatening, etc.): _____

Was there any hand gestures? (pointing, waving, etc.): _____

Were there any facial gestures? (laughing, anger, etc.): _____

How long did the incident last? (30 seconds, 5 minutes, etc.): _____

How close was the person to you? (in your face, across the lobby, etc.): _____

Describe the exact conversation that took place with the person(s). Try to use the exact wording if possible and note the swear words were, if the person was swearing. Please ensure you note what you said back to him/her exactly. (Better to note it now then to try and remember later, even if you were upset and may have said something inappropriate.) It is better to be upfront about it than to try and hide it or deny it.

_____

_____

_____

_____

Describe any other details about the incident that has not already been covered. _____

_____

_____

Who did you speak to after the incident? (e.i. other staff, executive member, etc.) Try not to tell everyone about what happened before it is officially reported and dealt with.

_____

OTHER RELEVANT INFORMATION:

This could include information such as: sport involved, team name, player number, extenuating circumstances, etc.

_____

_____

_____

SIGNATURE: *This form must be signed and dated by the individual submitting the report.*

_____ _____

Signature ***Date***

FOR OFFICE USE ONLY

Date Received: _____ **Received By:** _____

Date Investigation Completed: _____

Action Taken: _____

Completed forms may be mailed to
Orillia Parks and Recreation, 50 Andrew St. South, Suite 300, Orillia, ON, L3V 7T5
Faxed to (705) 329-2176 or emailed to parks@orillia.ca.