



Chehalem Park and Recreation District

Incident Report

To be completed and turned in to immediate supervisor within 24 hours

Day/Date _____ Time _____ a.m./p.m.

Name _____ Phone _____ Address _____

Name _____ Phone _____ Address _____

Name _____ Phone _____ Address _____

Description of Incident (Use reverse side if more space is needed) _____

Location (Write name on the line)

() Newberg School _____

() Other School _____

() Sport Complex _____

() CPRD Facility _____

() CPRD Park _____

() Other _____

Follow-up

() Informed of rules/policies

() Warning/Cautioned

() Ejected/Suspended

() Report to Police

() Other

Released to

() Parent/Guardian

() Removed from Site

() Other _____

Ejection/Suspension

Reason for Ejection _____

Length of Suspension _____

Parents called? () Yes () No Date called _____

Police called? () Yes () No

Supervisor notified? () Yes () No

Follow up? () Yes () No By whom? _____ Date called _____

Person Reporting Incident _____ Phone _____

Signature of Facility Supervisor _____ Date _____

This form is to be completed and returned to appropriate supervisor as soon as possible within 24 hours of incident.