



NH SAFESPORT INCIDENT REPORT

Name of Participant: _____ Date of Birth: _____

Name of Parent/Guardian (if a minor): _____

Address: _____

City: _____ State: _____ Zip: _____

Contact phone number: _____

Local Program/Club Name: _____

Address: _____

Contact(s) & Phone #(s) _____

Date of Incident: _____ Location: _____

Game, Practice, Other: _____ Age Category: _____

Team: _____

Coach and Phone #: _____

Description of Incident: _____

Report Filed By: _____ Phone #: _____

Date of report: _____

E-mail Address: _____

Send or e-mail report to:

NH SafeSport Coordinator – Kim Burgess @ SafeSport@nhhockey.com