



Report of Safety Concern or Non-Medical Incident

CONFIDENTIAL

Return completed form to *FIRST* Youth Protection Department, 200 Bedford Street, Manchester, NH 03101-1132. Call Youth Protection Department at 1-800-871-8326 ext. 250 or email safetyFIRST@usfirst.org.

Date: _____ Name of Person Reporting: _____

Phone: _____ Position at Event/Role with Team: _____

Event Name: _____ Program: Jr.FLL FLL FTC FRC OTHER Team No. _____

Name(s) of person(s) at risk or injured: _____

Address: _____ City/State/Zip: _____

Phone: _____ E-mail: _____

Date/time of incident: _____ Location of incident: _____

Description of safety concern or incident: _____

- CATEGORIES:** (check all that apply) Inappropriate language
- Verbal abuse Threatening behavior Inappropriate contact
- Other: _____

Action Taken: _____

NAMES OF WITNESSES OR OTHER PEOPLE INVOLVED

(if under age 18, parent/guardian):

- Name: _____
Contact Info: _____
Volunteer: Y N
Position: _____
Witness: Y N
Involved: Y N
- Name: _____
Contact Info: _____
Volunteer: Y N
Position: _____
Witness: Y N
Involved: Y N
- Name: _____
Contact Info: _____
Volunteer: Y N
Position: _____
Witness: Y N
Involved: Y N

By whom: _____

Were police, security personnel, or hosting representative involved or notified?: Y N

If Yes, please specify who: _____

Action requested of or recommended to *FIRST* Headquarters: _____
