NewWindsorBaseball.com

NEW WINDSOR LL INCIDENT REPORT

(Non-Medical)

Complainant Name & Phone number: _____

Please describe the incident. Please include the date, time and location of the incident. Please be as specific as possible. Include the names of witnesses and those involved. Do not submit reports of felonious actions without first notifying the proper authorities. Please sign & date at the end of the incident report.

Signature & Date: _____

Please submit the report to a member of the board as soon as possible. The report will be reviewed and submitted to the grievance committee for investigation