



**DIOCESE OF PROVIDENCE CATHOLIC ATHLETIC LEAGUE**  
804 Dyer Ave, Cranston RI 02920 942-6571 fax: 942-6771

**INCIDENT REPORT**

**NAMES OF PERSON(S) INVOLVED IN INCIDENT:**  
**(Be sure to supply contact phone numbers)**

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**PLACE IN WHICH INCIDENT OCCURRED:** \_\_\_\_\_

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**DATE AND TIME:** \_\_\_\_\_

**DESCRIBE THE NATURE OF THE INCIDENT:** \_\_\_\_\_

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**ANY ACTION TAKEN:** \_\_\_\_\_

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**WITNESS(ES) PRESENT:** \_\_\_\_\_

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**FROM** *(person completing incident)* \_\_\_\_\_ **DATE** \_\_\_\_\_

**Name of School/Parish** \_\_\_\_\_