



FERGUS FALLS SKATING CLUB

INCIDENT REPORT OR COMPLAINT FORM

Your Name: _____ Phone Number: _____

Report Date: _____ Time: _____

Incident Date: _____ Time: _____

Persons involved (please list first & last names if known):

Please describe in detail the incident or complaint being reported:

Signature of person completing this form: _____

(Not required, but highly encouraged for questions and follow up.)

***The Fergus Falls Skating Club will take this complaint/report seriously and will fully investigate it to the best of their ability. However, the club is not obligated to provide any outcomes of the investigation or consequences, if any are determined.**

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- | | |
|--|-------------|
| <input type="checkbox"/> Received by President | Date: _____ |
| <input type="checkbox"/> Sent to: _____ | Date: _____ |
| <input type="checkbox"/> Follow Up Completed | Date: _____ |

Actions Taken:

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