

SDAHA Incident Report

This form is to be filled out whenever there is an incident of inappropriate actions. Complete the form and submit it to your Local Affiliate President.

Name of person reporting the incident: _____

Name of person/s involved in the incident: _____

Address of person/s involved in the incident: _____

Names of Witnesses: _____

Location of incident: _____

Date of incident: _____ Time: _____

Type of Incident: ☐ Verbal ☐ Physical ☐ Property

1. Describe incident: _____

2. Immediate action taken: _____

3. Once asked to leave did the person/s: ☐ Leave Peacefully of their own free will ☐ Need an escort

☐ Make further incident with foul language or behavior

4. List any injury or property damage: _____

Other action taken by the local Association: _____

If additional space is needed, attach sheets to this form.

Affiliate President shall immediately forward this form to SDAHA Executive Director at sdahadirector@outlook.com

