



**ALBERTA SOCCER ASSOCIATION**  
*The Governing Body of Soccer in Alberta*

9023 111 Avenue  
Edmonton, AB T5B 0C3

Ph: 780 474 2200  
Fax: 780 474 6300



## **INCIDENT AND COMPLAINT REPORT** **(Print all information)**

Please complete the report to the best of your ability with the information you have available to you. If there are sections which are not applicable in this situation, or which you do not know, please indicate so or leave blank.

Type of Incident (injury, physical/verbal assault, unsanctioned activity, breach of by-laws or code of conduct, etc):

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Date(s) of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Venue/Location: \_\_\_\_\_

Age Group: \_\_\_\_\_ Division: \_\_\_\_\_ Team Affiliation: \_\_\_\_\_

Type of Event (league game, tournament, etc): \_\_\_\_\_

Type of Individual(s) involved in incident (player, official, coach, spectator, other, etc)

Individual(s) Name(s): \_\_\_\_\_

**Describe the incident in detail below. Please be as legible and accurate as possible. This report will be reviewed by the Alberta Soccer Association.**



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Name of the person submitting this report: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of the person submitting this report: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_