

Kitsap Aces Incident Report

Particulars of incident:

Date: _____ Time: _____

Type of incident (please circle below):

Incident Equipment Damage Consent Incident Consent Violation Other:

Reported by: _____

Role in the event: _____

The reporting person:

Legal Name: _____ Kitsap Aces Membership Number: _____

If Applicable Participant(s) involved:

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Describe the incident:

How have you been affected by the incident?

Have you taken legal action and if so when was it reported?

Analysis: *What do you think caused or contributed to the incident?*

Disclosure: By signing below you are accepting that details of the incident may be shared with Kitsap Aces Board of Directors Or Third Party Mediator to resolve matter.

Signature: _____ Date: _____

Kitsap Aces Use Only :

Council: _____ Date: _____

Re-Education: _____ Date: _____

Suspend Membership: _____ Date: _____

Revoke Membership: _____ Date: _____

Kitsap Aces Required Reports:

Board Member on Duty _____ Date: _____

Dungeon Monitor _____ Date: _____

Mediator if one is required _____ Date: _____