



Misconduct/Behavior Report

Directions: This form is to be used to document (kept on file) or report misconduct or behavior Incidences involving anyone (athlete, volunteer, staff, spectator, etc.) with Special Olympics Pennsylvania. Once fully completed, please forward to the appropriate individual(s) (Program Manager, Event Director, SOPA Staff, etc.) who will follow up as appropriate. Please be sure that your Program Manager receives a copy for his/her files and any future incidences involving the same individual(s). NOTE: Please consult your program manager or SOPA staff before imposing suspension(s).

THIS REPORT SHOULD BE COMPLETED AND FORWARDED FOR FOLLOW UP WITHIN 24 HOURS OF THE INCIDENT.

WHO was involved?

Name: Address: City, State: Day Phone #: ()) Evening Phone #: ())	Name: Address: City, State: Day Phone #: ()) Evening Phone #: ())
E-Mail:	E-Mail:
SOPA Program:	SOPA Program:
Name: Address: City, State: Day Phone #: ()) Evening Phone #: ()) E-Mail: SOPA Program:	Name: Address: City, State: Day Phone #: ()) Evening Phone #: ()) E-Mail: SOPA Program:

WITNESS

PERSON completing this report

Name: Address: City, State: Day Phone #: ()) Evening Phone #: ())	Name: Address: City, State: Day Phone #: Evening Phone #: ())
E-Mail:	E-Mail:
SOPA Position:	SOPA Position:
SOPA Program:	SOPA Program:

WHERE (venue court, hotel room, training site locker room, fundraising event, etc.) did the incident occur?

Name of SO Event:	Exact Location:
City:	

WHEN did the incident occur? (Please provide as much detail as possible.)

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WHAT occurred? (Please provide as much detail as possible.)

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WHAT action or follow up occurred on site or to date? √ here if not involved with the follow up: _____

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If more room is needed, please attach additional sheets.

For SOPA or Local Program Use Only

RESULT/ACTION taken?

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Date by which authority (Manager, SOPA, official, etc.) will notify parties involved: _____

Timeframe for the result/action? (I.e., Suspended for a year, overnight travel restricted for a month, etc.)

Beginning Date	End Date

WHO conducted the result/action?

Name: Address: City, State: Day Phone #: () Evening Phone #: () E-Mail: SOPA Program: SOPA Position/Relationship to Athlete:

ADDITIONAL information pertinent to this situation/athlete(s):

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Cc: Manager, SOPA (Event Staff Liaison, Field Director, etc.)
 Parent/Guardian of Athlete
 Other: _____