



CRITICAL INCIDENT REPORT for
Encorps Winterguard and Spirit of Drum Corps Alumni Association

GENERAL INFORMATION

_____ Name of Program (Ember, Explorers, Evolution, Elite, Echo, Expression)	_____ Date of Incident
_____ Location (Rehearsal/Show/Volunteer Activity – Venue Name)	_____ City/Town
_____ Name and Title of Person Completing Report	_____ Phone Number

PERSON INVOLVED

<input type="checkbox"/> Performing Member	<input type="checkbox"/> Volunteer/Parent/Chaperone
<input type="checkbox"/> Instructor/Staff	<input type="checkbox"/> Visitor
<input type="checkbox"/> Board Member	

_____ Name of Person Involved	_____ Birthdate yyyy/mm/dd	_____ Pronoun
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List All Persons Affected:

_____	_____
_____	_____
_____	_____
_____	_____

TYPE OF INCIDENT

<input type="checkbox"/> Fall	<input type="checkbox"/> Emotional Abuse
<input type="checkbox"/> Equipment strike	<input type="checkbox"/> Bullying
<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Harassment
<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Other: _____

DETAILS of INCIDENT – Describe in detail what led up to the injury/report:

DETAILS of RESPONSE – What attention was given at the time of the incident?

SUBMIT THIS TO executivedirector@encorpswinterguard.ca AND membership@encorpswinterguard.ca

FOLLOW-UP BELOW – TO BE COMPLETED BY EXECUTIVE DIRECTOR OR PROGRAM COORDINATOR

Did the person listed visit their Doctor? _____
What outcome came from the visit? If no visit to Doctor, what has the person done to recover?

COMPLETED BY: _____

DATE: _____