

	<p style="text-align: center;"> <i>New Castle Little League</i> 302-221-1133 www.nclittleleague.org Email: ncll@nclittleleague.org A Chartered Member of Little League Baseball® Incorporated </p>	 02080205
New Castle Little League Standards Incident Reporting Form 2007.001		

The purpose of this form is to assist the Board of Directors in obtaining useful information regarding violations of the Leagues Code of Conduct. This form can be completed by any person who witnessed a violation or is directly involved in the incident.

HOW TO COMPLETE THIS FORM

When completing this form please list the facts only. Be sure that your emotions and opinions are not listed on the form. We are interested in the **WHO**, **WHAT** and **WHERE** of the incident. After completing this form, please give it to any manager, coach, umpire or League Official **NOT INVOLVED** in the particular incident addressed on this form.

DATE, TIME AND
LOCATION OF INCIDENT: _____

PERSONS INVOLVED: _____

WHAT HAPPENED (*be specific*): _____

WITNESSES (could be coaches or umpires): _____

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BELOW THIS LINE FOR LEAGUE USE ONLY

LEAGUE OFFICIAL RECEIVING FORM: _____

DATE RECEIVED: _____

ACTION TAKEN: _____
