



NAVY LEAGUE INCIDENT REPORT FORM

Report Procedure - Report must be presented as soon as possible after the incident. Please answer all questions in full and submit completed form to your Commanding Officer. Completed form must be forwarded to Division within 30 days of the incident.

PERSONAL DETAILS						
<i>Status:</i> <i>Check One</i>	Cadet <input type="checkbox"/>	Officer <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Gender: <i>Check One</i>	Male <input type="checkbox"/> Female <input type="checkbox"/>	
<i>Date of Birth: (DD-MMM-YYYY)</i>						
<i>Name:</i>	<small>First</small>					<small>Last</small>
<i>Home Address:</i>			<i>City:</i>		<i>Province:</i>	
<i>Contact Number:</i>	<small>Home:</small>	<small>Cell:</small>	<i>Postal Code:</i>			

DETAILS OF INCIDENT			
Please explain circumstance/details: (Use additional paper as required)			
<i>Location of the Incident:</i>		<i>Did the Individual Seek Medical Attention? (Check One)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Incident Date: (DD-MMM-YYYY)</i>		<i>Incident Time:</i>	
<i>Signature of Parent/Guardian, if applicable</i>	<small>Print Name</small>	<small>Signature</small>	

WITNESS STATEMENTS (Use additional paper as required)		
Signed:	<small>Print Name</small>	<small>Signature</small>

OFFICE USE ONLY			
<i>Approved Activity: (Check One)</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Attach LOI, as required</i>
<i>Officer In Charge:</i>	<small>Rank</small>	<small>Print Name</small>	<small>Signature</small>
<i>Division NL Chair or Representative</i>	<small>Print Name</small>		<small>Signature</small>