



# Report of Safety Concern or Non-Medical Incident

Please submit report via one of following options:

E-Mail: [safetyFIRST@firstinspires.org](mailto:safetyFIRST@firstinspires.org) E-Fax: 603-206-2050  
 Phone: 603-666-3906 Ext. 250 or 800-871-8326 Ext. 250 (toll free)

**SUBMIT WITHIN 48 HOURS OF INCIDENT**

<b>DATE AND TIME OF CONCERN/INCIDENT:</b> _____		<b>DATE AND TIME OF REPORT:</b> _____	
<b>REPORTER</b>			
Reporter's Name:		Reporter's Role at Event or Role w/Team:	
Reporter's Phone:		Event Name and Location:	
Program: <input type="checkbox"/> FLLJr. <input type="checkbox"/> FLL <input type="checkbox"/> FTC <input type="checkbox"/> FRC		Team Number (if applicable):	
<b>PERSONS AT RISK</b>			
Name(s) and age(s) of Person(s) at risk:			
Program: <input type="checkbox"/> FLLJr. <input type="checkbox"/> FLL <input type="checkbox"/> FTC <input type="checkbox"/> FRC		Team Number (if applicable):	
Street Address:		City/State/Province/Zip:	
Phone:	E-mail:	Location	
Description of safety concern or incident:			
<b>PERSONS CAUSING SAFETY CONCERN OR INCIDENT</b>			
Name(s):			
Program: <input type="checkbox"/> FLLJr. <input type="checkbox"/> FLL <input type="checkbox"/> FTC <input type="checkbox"/> FRC		Team Number (if applicable):	
		Role at Event or Role w/Team:	
<input type="checkbox"/> Other description:			
<b>WITNESS(ES)</b>			
Witness 1:			
Role at Event or Role w/Team:		Team Number (if applicable): _____	
		Phone:	
		Program: <input type="checkbox"/> FLLJr. <input type="checkbox"/> FLL <input type="checkbox"/> FTC <input type="checkbox"/> FRC	
Witness 2:			
Role at Event or Role w/Team:		Team Number (if applicable): _____	
		Phone:	
		Program: <input type="checkbox"/> FLLJr. <input type="checkbox"/> FLL <input type="checkbox"/> FTC <input type="checkbox"/> FRC	
Witness 3:			
Role at Event or Role w/Team:		Team Number (if applicable): _____	
		Phone:	
		Program: <input type="checkbox"/> FLLJr. <input type="checkbox"/> FLL <input type="checkbox"/> FTC <input type="checkbox"/> FRC	
<b>ACTION(S): IN COMPLIANCE WITH FIRST YOUTH PROTECTION AND VENUE AND LOCAL REQUIREMENTS</b>			
Action(s) Taken:			
By Whom:			
Were police, security personnel, or hosting representative involved or notified? <input type="checkbox"/> N <input type="checkbox"/> Y If yes, please specify including contact information:			
Action(s) requested of <i>FIRST</i> :			

**Please use additional sheets as needed.**