
Contact/Care Provider Information (Please complete for Athletes or underage participants in the program.)

Relationship to person: _____ Employer Name: _____
Name: _____ Employer Address: _____
Address: _____ Work Phone: (____)_____-_____
_____ Home Phone: (____)_____-_____

Has this person been notified of the incident? Yes No

Witness Information (Please provide names and phone numbers of any witnesses to the incident)

Witness #1 Name: _____ Daytime Phone: (____)_____-_____
Witness #2 Name: _____ Daytime Phone: (____)_____-_____

Area Director Information

Name: _____ Daytime Phone: (____)_____-_____
Signature: _____

Comments and Recommended Course of Action:

Special Olympics Official / Representative (other than claimant)

Name: _____ Daytime Phone: (____)_____-_____
Title: _____ Signature: _____

Final Determination and Terms of Sanction:

Date of Incident: ____/____/____ effective until ____/____/____.

Season Effected: _____

Send completed form to your local Area Director or Senior Region Manager via email or at the following address:
1809 7th Avenue, Suite 1509, Seattle, WA 98101
(206)-681-8158