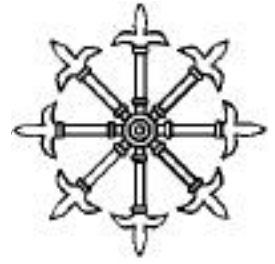


Incident Report Form



This form should be used only if the incident is serious enough that it may require mundane or SCAdian sanctioning. Use common sense and be objective as possible. Keep a copy for your files and send one to the Earl Marshal within two days of the incident.

Group Name: _____ Date of Event: _____

Submitted By: _____
Society Name
Mundane Name

Address: _____

City, State, Zip: _____

Phone Number: _____

E-mail: _____

Event Name: _____

Event Location: _____

Site Marshal: _____
Society Name

Site Marshal: _____
Mundane Name

Person(s) Involved: _____
Society Name(s)

Person(s) Involved: _____
Mundane Name(s)

Address(es): _____

City(s), State(s), Zip(s): _____

Birthday(s): _____

Phone Number(s): _____

E-mail(s): _____

Give as complete a description as possible of incident
(use back and/or extra sheets if necessary)