



CRITICAL INCIDENT REPORT for Encorps Winterguard and Spirit of Drum Corps Alumni Association

GENERAL INFORMATION

Name of Program (Explorers, Evolution, Elite, Echo, Expression, Other)

Date of Incident

Location (Rehearsal/Show/Volunteer Activity – Venue Name)

City/Town

Name and Title of Person Completing Report

Phone Number

PERSON INVOLVED

☐ Performing Member

☐ Volunteer/Parent/Chaperone

☐ Instructor/Staff

☐ Visitor

☐ Board Member

Name of Person Involved

Birthdate yyyy/mm/dd

Gender

List All Persons Affected:

TYPE OF INCIDENT

☐ Fall

☐ Emotional Abuse

☐ Equipment strike

☐ Bullying

☐ Physical Abuse

☐ Harassment

☐ Sexual Abuse

☐ Other: _____

DETAILS of INCIDENT – Describe in detail what led up to the injury/report:

DETAILS of RESPONSE – What attention was given at the time of the incident?

SUBMIT THIS TO ENCORPSWG@GMAIL.COM AND ENCORPSADMN@GMAIL.COM IMMEDIATELY.

FOLLOW-UP – TO BE COMPLETED BY PROGRAM DIRECTOR OR ADMINISTRATIVE ASSISTANT:

Did the person listed visit their Doctor? _____
What outcome came from the visit? If no visit to Doctor, what has the person done to recover?

COMPLETED BY: _____

DATE: _____