Incident Year: ____ Incident #: _____ (For Office Use Only)

Florida Region of USA Volleyball

Incident Review Request Form (rev Sep 09)

Instructions: Read the Incident Review Policy located on the FORMS page of the Florida Region website (www.FloridaVolleyball.org). After reading the policy, please complete the information below and submit this form along with any supporting information to the Florida Region Office via fax at (352) 742-0088. Please note that this form must be completed by someone with firsthand knowledge of the incident. By submitting this form you are requesting the formation of an Incident Review Committee and understand that a copy of this form and any attached information may be provided to the person being accused of the violation so that they may respond with their account of the incident.

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____
(Include Facility/Site Name & City)

Incident Type: __Rules Violation __Recruiting Violation ___Code of Ethics Violation

__Other:_____

Person Accused of Violation: _____

What is his/her affiliation with USA Volleyball: _____

Please describe the incident in detail: (attach supporting information and/or e-mails)

_____

_____

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_____

Person Completing Form: _____

Your Affiliation with USA Volleyball: _____

Your Mailing Address: _____

Your Phone: _____ Your E-Mail: _____