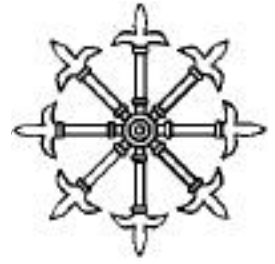


# Incident Report Form



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)**