



**Anderson Mill Swim Team
Incident Report**

Give this completed form to a Board Member -or- place in the *Board Correspondence Folder* located at the Anderson Mill Pool. All fields must be filled-in.

Incident Date & Time: _____ / _____

Person Reporting Incident: _____

Volunteer Position (if applicable): _____

Person(s) Involved in Incident: _____

Phone/Contact Info: _____

Location of Incident: _____

Parent/Guardian Name (if minor): _____

Phone/Contact Info: _____

Incident Description:

Person Reporting Incident Signature: _____

Reporting Date: _____