

PUBLIC CONDUCT REPORTING FORM

Incident Date: Facility/Park:						
Incident Time:	Incident Area:					
(check left boxes once completed)						
1. Assess Situation		5. When applicable, notify the on site representative of organization renting the facility				
2. Request that the identified party, without jeopardizing one's safety, cease the inappropriate behaviours and/or violence immediately		Advise authorized staff supervisor or on call supervisory personnel immediately				
3. Advise the identified party that failure to cease the inappropriate behaviour, violence, vandalism or inappropriate use of technology that jeopardizes the safety of others or themselves, that they are trespassing and Police will be called			7. Complete all aspects of the Code of Conduct report form and provide to supervisor or to Community Development & Partnerships to cdp@haldimandcounty.on.ca by the end of the next business day			
4. If individual refuses to cease inappropriate activity, do not engage in argument or physical confrontation and call the police (911) and report individual(s) immediately						
If Police Contacted:						
Time Contacted:			Officer Name/Badge #:			
Time Arrived:			Occurrence/Report No.:			
Complete form, provide contact info below, sign & send Haldimand County Cayuga Admin Office, Box 400, 45 M			community Development & Partnerships (CDP) at the Cayuga NOA 1E0 or e-mail to cdp@haldimandcounty.on.ca .			
Name:			E-mail:			
Address:			Phone No.:			
Signature:			Date Signed:			
FAPO Supervisor Name:			Date Sent to CDP:			
Signature:			Date Received by CDP:			
Date Signed:			CDP Staff Name:			

PUBLIC CONDUCT REPORTING FORM – cont'd

		lent (include all details – who <i>)</i> quired, print another copy of this		vhen):			
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<u>INDI</u>	<u>VIDUALS IN</u>	<u>IVOLVED:</u>					
ame:			Name:				
□ Player □	Player Executive/Coach Official		□ Player □ Executive/Coach □ Official				
☐ Spectator			☐ Spectator				
Other -		☐ Involved ☐ Witness	☐ Other -		☐ Involved	☐ Witness	
Address:			Address:				
E-mail:			E-mail:				
Phone No.:			Phone No.:				
Name:			Name:				
☐ Player ☐	l Player □ Executive/Coach □ Official		□ Player □ Executive/Coach □ Official				
l Spectator			□ Spectator				
Other -		☐ Involved ☐ Witness	☐ Other -		☐ Involved	☐ Witness	
Address:			Address:				
E-mail:			E-mail:				
Phone No.:			Phone No.:				