



NATIONAL
SCRABBLE
ASSOCIATION

INCIDENT REPORT FORM

Name & address of Director reporting incident:

Phone where we may reach you during work hours _____

E-mail address (if any) _____

Name & contact information of people involved in incident:

Date of incident _____

Was this during:

- General Club meeting
- Local Club meeting
- NSA sanctioned and rated Club tournament

Name(s) of witness.

_____ Daytime # _____ e-mail _____
_____ Daytime # _____ e-mail _____

Please try and have them submit a written statement of the incident with this form.

If unable to do so, please try and quote witnesses verbatim and have them initial that.

Please use a separate sheet to report then incident in detail.