



RESPECT + WITNES REPORT FORM

To complete this form save it to your computer, complete ALL sections by typing in the details or print it and fill out ALL areas by hand. Once completed, sign the form and submit it by fax, email or deliver it to Orillia Parks & Recreation.

Witness Name: _____

Phone #: (Day) _____ (Evening) _____

Email Address: _____

INCIDENT DETAILS

Date of Incident: _____ Facility / Park: _____

Location in Facility / Park: _____

Organization Involved: _____

DESCRIBE THE INCIDENT (If additional space is required please provide information on a separate page)

What was the tone of voice of the person(s) involved? (yelling, threatening, etc.)

Was there any hand gestures by the person(s) involved? (pointing, waving, etc.)

Were there any facial gestures by the person(s) involved? (laughing, anger, etc.)

How long did the incident last? (30 seconds, 5 minutes, etc.) _____

How close were you to the incident? (right next to it, across the lobby, etc.)

Describe the exact conversation that took place with the person(s). Try to use the exact wording if possible & note the swear words that were used if the person(s) was swearing.

Describe any other details about the incident that has not already been covered?

OTHER RELEVANT INFORMATION:

This could include information such as: sport involved, team name, player number, extenuating circumstances, etc.

SIGNATURE: *This form must be signed and dated by the individual submitting the report.*

Signature

Date

FOR OFFICE USE ONLY

Date Received: _____ Received By: _____

Completed forms may be mailed to Orillia Parks and Recreation, 50 Andrew St. South, Orillia, ON, L3V 7T5
faxed to (705) 329-2176 or emailed to parks@city.orillia.on.ca.

