



INCIDENT REPORT

An Incident Report must be filled out for any incident involving accident, injury, or slander that occurs during sanctioned competition or organized practice and a copy must be forwarded to USA Boxing. Please provide as much detail as possible.

Local Boxing Committee: _____

Club Name: _____

Name of Event: _____ Sanction # _____

Name of injured person: _____

Contact information: Address: _____

Telephone number: _____

Date Injury Occurred: _____ Date Reported: _____

Description of incident:

Description of injury:

Person Reporting Incident: _____

Address: _____

Telephone Number: _____

Witness: _____ Telephone number: _____

Witness: _____ Telephone number: _____

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USA Boxing, Inc.

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