

# **Northern District Shuffleboard Association**

## **Incident Report Procedures for Submitting an Incident Report**

Any and all incidents that occur during a District Sanctioned Tournament or within the Northern District shall be addressed within the Northern District by the Tournament Director and the Northern District Shuffleboard Association Executive Board. The distribution list for any report will include the Tournament Director, District President, State FSA President and, if an injury is involved, the Club President.

If an incident should occur during a State FSA sanctioned tournament, it shall be handled by the State FSA President. The incident report may be drafted by the Director of the tournament and forwarded to the State FSA President, or it may be drafted and submitted directly to the State Tournament Director and the State FSA President by the complainant.

Before any action can be taken regarding an incident, the following items must be submitted:

1. A completed Northern District Shuffleboard Association Incident Report, which can be found on the Northern District Shuffleboard Association's website. This report shall (**can be completed by the Tournament Director or the Complainant**) be submitted to either the Tournament Director or the President of the Northern District.
2. All sections of the Northern District Shuffleboard Association's Incident Report must be filled in completely.
3. Attach any and all witness statements or documentation that supports the claim being presented. All documentation can be either handwritten and signed or submitted via email.
4. A disciplinary hearing/meeting will be scheduled within 30 days after receipt of all required paperwork, as outlined in the Disciplinary Procedures for the Northern District Shuffleboard Association, Section (e) - Disciplinary Procedure: Hearing.
5. Any and all disciplinary actions are outlined in the Disciplinary Procedures for the Northern District Shuffleboard Association, Section (f) - Disciplinary Procedure: Determination.

Adopted: January 17, 2026

# **Northern District Shuffleboard Association**

## **Incident Reporting Form**

**This form is to be completed in the event of an incident at a Northern District Tournament Only**

**This form is documenting an:      Injury-\_\_\_\_ Altercation-\_\_\_\_ Other-\_\_\_\_**  
**Explain:-**

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**Details of the person injured or involved** (to be filled out by the person injured/involved if possible)

Person Completing Report:-\_\_\_\_\_

Date:\_\_\_\_\_

Person(s) Involved:-  
\_\_\_\_\_  
\_\_\_\_\_

**Event Details:**

Date of Event:-\_\_\_\_\_ Location of Event:-  
\_\_\_\_\_

Time of Event:-\_\_\_\_\_ Witnesses:-  
\_\_\_\_\_

**Description of Events** (Described the sequence of events):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

“If more space is required please use the back side of this sheet”

**Signatures:**

**Tournament Director/Person Completing Report:**

Signature:-\_\_\_\_\_ Date:-\_\_\_\_\_ Phone :-  
\_\_\_\_\_

**Names of Person(s) Involved:**

Signature:-\_\_\_\_\_ Date:-\_\_\_\_\_ Phone :-  
\_\_\_\_\_

Signature:-\_\_\_\_\_ Date:-\_\_\_\_\_ Phone :-  
\_\_\_\_\_

Signature:- \_\_\_\_\_ Date:- \_\_\_\_\_ Phone :-  
\_\_\_\_\_

**Witness (es):**

Signature:- \_\_\_\_\_ Date:- \_\_\_\_\_ Phone :-  
\_\_\_\_\_

Signature:- \_\_\_\_\_ Date:- \_\_\_\_\_ Phone :-  
\_\_\_\_\_

Signature:- \_\_\_\_\_ Date:- \_\_\_\_\_ Phone :-  
\_\_\_\_\_

An incident report can be submitted/accepted via email. The e-mail shall be e-mailed to the distribution list below  
Distribution: Tournament Director, District President, Club President (if injury involved), State FSA President

Adopted: January 17, 2026