

# Florida Region of USA Volleyball



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of USA Volleyball**

## Incident Review Request Form (rev Jan 2013)

**Instructions:** Read the Incident Review Policy located on the FORMS page of the Florida Region website ([www.FloridaVolleyball.org](http://www.FloridaVolleyball.org)). After reading the policy, please complete the information below and submit this form along with any supporting information to the Florida Region Office via fax at (352) 414-5304. Please note that this form must be completed by someone with firsthand knowledge of the incident. By submitting this form you are requesting the formation of an Incident Review Committee and understand that a copy of this form and any attached information may be provided to the person being accused of the violation so that they may respond with their account of the incident.

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_  
(Include Facility/Site Name & City)

Incident Type:  Rules Violation  Recruiting Violation  Code of Ethics Violation  
 Other: \_\_\_\_\_

Person Accused of Violation: \_\_\_\_\_

What is his/her affiliation with USA Volleyball: \_\_\_\_\_

Please describe the incident in detail: (attach supporting information and/or e-mails)

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Person Completing Form: \_\_\_\_\_

Your Affiliation with USA Volleyball: \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

Your Phone: \_\_\_\_\_ Your E-Mail: \_\_\_\_\_