

LEGACIES LARP INCIDENT REPORT FORM



PLAYER INFORMATION

Name: _____
Last First Preferred Name

Today's Date: _____ Email: _____ Phone: _____

Are you submitting this report on behalf of someone else? If so, who: _____

INCIDENT INFORMATION

Date of Incident: _____ Time of Incident: _____

Location of Incident (Event Site and/or Specific Location on Site): _____

What committee would arbitration over this incident best fall under (select all that apply):

- | | | | | |
|------------------------------------|------------------------------------|--------------------------------|------------------------------------|---|
| <input type="checkbox"/> EET | <input type="checkbox"/> Logistics | <input type="checkbox"/> Plot | <input type="checkbox"/> Safety | <input type="checkbox"/> Executive Officers |
| <input type="checkbox"/> Immersion | <input type="checkbox"/> Monsters | <input type="checkbox"/> Rules | <input type="checkbox"/> Gameworld | |

Was this Incident reported to a Referee when it occurred? Yes _____ No _____

If Yes, who was this Incident reported to: _____

Please list any player(s) involved with this Incident:

Is this the first time you have submitted an Incident Report about this person(s) Yes _____ No _____

Please list any player(s) who witnessed this Incident:



PERSONAL STATEMENT

In your words, please provide a recounting of the events that occurred and any additional relevant details that would assist with the investigation of this incident:

Signature

Date

