

# NASSAU COUNTY PUBLIC HIGH SCHOOL ATHLETIC ASSOCIATION

## SECTION VIII UNSPORTSMANLIKE BEHAVIOR/INCIDENT/DISQUALIFICATION REPORT

This report is to be completed and submitted by game officials and athletic directors of both schools within 24 hours of the incident and/or violation.

Sport: \_\_\_\_\_ Level: \_\_\_\_\_ Date of the Event: \_\_\_\_\_  
Home School: \_\_\_\_\_ vs. Opponent: \_\_\_\_\_

Player(s) / Coach(es) / Official(s) / Spectator(s) Involved:

Name: \_\_\_\_\_ School: \_\_\_\_\_ Number: \_\_\_\_\_  
Name: \_\_\_\_\_ School: \_\_\_\_\_ Number: \_\_\_\_\_

Brief Description of the Incident (use additional sheets if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor(s):

Name: \_\_\_\_\_ School: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Name: \_\_\_\_\_ School: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Official(s) assigned:

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Name: \_\_\_\_\_ Number: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Person filing this report:

Name: \_\_\_\_\_ Position: \_\_\_\_\_ School: \_\_\_\_\_

Return to: Section VIII - Interscholastic Athletics  
Nassau BOCES Administrative Center  
71 Clinton Road - P.O. Box 9195  
Garden City, N.Y. 11530

FAX: 516-997-2916 or 2018

Athletic Director's Signature \_\_\_\_\_  
(or acting administrator)

OR

Game Official's Signature \_\_\_\_\_