Constabulary Incident Report

Copies Sent To:	
	Kingdom Constable
	Principality Constable
	Branch Seneschal
	Branch Constable

EVENT INFO

Name of Event: _____ Dates Held: _____

Branch: _____ Time of Incident: _____

Type of Incident: _____ Date of Incident: _____

Place of Incident: _____

Who was notified: (check all that apply)

☐ Constable ☐ Chirurgeon ☐ Autocrat ☐ Seneschal ☐ Police ☐ Medic ☐ Fire

INCIDENT INFO

Who where the primary people involved?

Legal Name	SCA Name	Phone

What happened? (be specific)

(Use separate sheet if more space needed)

Report Filed By:

SCA Name: _____ CID#: _____

Legal Name: _____

Address: _____

Phone: _____ Email: _____

Legal Signature _____ Date: _____

Constabulary Incident Report
Additional Pages

Office Use

INCIDENT INFO (continuation)

Sign Each Page

Legal Signature: _____ Date: _____

An Tir May 2002