

Marshal's Incident Report

Where

Marshal Reporting

Town: _____

SCA Name: _____

State: _____

Mundane Name: _____

Group: _____

Phone: _____

At What? (Circle One) Event War Demo Fighter Practice

Name of Event and/or Date of Incident: _____

Marshal in Charge: _____

Witnessing and/or assisting marshals: _____

Those persons involved in the incident: (begin with most relevant, full SCA names, mundane names, and addresses):

Give a summary of the actions that caused the incident:

List the actions taken by the marshallate:

List any comments made by either party relevant to the incident:

Recommendation of any further action or recourse the marshallate may opt to take:

Signature of Reporting Marshal and Date

Send to copies to the Earl Marshal!