

DEPARTMENT OF CAMPUS RECREATION EJECTION REPORT FORM



LIST PROGRAM EJECTED FROM:			
TODAY'S DATE	/	/	TIME OF EJECTION
WHERE DID EJECTION TAKE PLACE (facility / area)			

EJECTED PERSONS COMPLETE NAME										
EJECTED PERSONS EMAIL ADDRESS										
EJECTED PERSONS CAT CARD NUMBER										

<input type="checkbox"/> OPEN REC.	<input type="checkbox"/> PLAYER	<input type="checkbox"/> COACH	<input type="checkbox"/> CAPTAIN	<input type="checkbox"/> SPECTATOR
EJECTEE IS AWARE OF JUDICIAL PROCESS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> REFUSED INF.	

SPORT				
TEAM NAME				
<input type="checkbox"/> MEN'S	<input type="checkbox"/> WOMEN'S	<input type="checkbox"/> CO-REC.	<input type="checkbox"/> OTHER:	
<input type="checkbox"/> CACTUS	<input type="checkbox"/> SUNSET	<input type="checkbox"/> SUNSET/DESERT	<input type="checkbox"/> DESERT	

Print EXACTLY what happened (who, what, when, where, why and how)		
<input type="checkbox"/> VERBALLY ABUSIVE	<input type="checkbox"/> THREATENING	<input type="checkbox"/> VIOLENT
<input type="checkbox"/> POLICY VIOLATION	<input type="checkbox"/> UNSPORTSMANLIKE	<input type="checkbox"/> OTHER

This section is to be completed by the employee who ejected this participant! Use more paper if needed.

NAME OF EMPLOYEE ISSUING EJECTION		PHONE NUMBER	
NAME OF WITNESS TO THE EJECTION		PHONE NUMBER	

THE EMPLOYEE ISSUING THE EJECTION RECOMMENDS (check one).	
<input type="checkbox"/> Immediate Reinstatement Appropriate (no action needed by judicial board)	
<input type="checkbox"/> Review By Judicial Board Is Appropriate	
<input type="checkbox"/> Careful Review By Judicial Board Is Needed	
<input type="checkbox"/> Relinquish Privileges For An Amount Of Time To Be Determined By The Judicial Board	
<input type="checkbox"/> Relinquish All Privileges/No Reinstatement	

This section to be completed by the Sports Assistant on duty! Others will have to read this report. WRITE LEGIBLY!

1. Did you witness the ejection?
2. Were you involved in the ejection? If so, in what manner?
3. Please describe what actually happened before, during and after the ejection.
4. If this is second hand information please list the person or persons that you received the information from (try to get phone numbers).
5. Please list any additional comments or suggestions that would help the judicial board make a more informed decision.

Please print your name (Sport Assistant)	
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EJECTEE'S CAT CARD HAS BEEN FLAGGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DATE: / /
NAME OF EMPLOYEE WHO FLAGGED CARD			

DATE EJECTEE'S LETTER WAS RECEIVED	/ /
DATE BOARD MET WITH EJECTEE	/ /
DATE EJECTEE HEARD BOARDS DECISION	/ /
DATE(S) EJECTEE WILL BE SUSPENDED	/ / - THRU - / /
INDEFINITELY SUSPENDED FROM THE DEPARTMENT OF CAMPUS RECREATION (check mark the appropriate box)	<input type="checkbox"/> DCR Facility <input type="checkbox"/> DCR Program: (list program) _____ <input type="checkbox"/> Both

JUDICIAL BOARD MEMBERS PRESENT	
1. Chairperson-	2.
3.	4.
5.	6.

EXPLANATION OF JUDICIAL BOARDS DECISION

DECISION REVIEWED BY
SIGNATURE OF JUDICIAL BOARD COORDINATOR