



## INCIDENT REPORT FORM

Please use this form to provide a factual, chronological account of the incident you are reporting. Please include as much details as possible but avoid personal opinions and assumptions.

All reports of misconduct will be dealt with in accordance with GNAs Disciplinary Policy.

### 1. REPORTING PERSON

DATE OF REPORT	
FULL NAME	
ROLE	
CLUB / TEAM	
CONTACT DETAILS	PHONE EMAIL
SIGNATURE	

### 2. PERSON/S ALLEGED OF BREACH

PERSON 1	
FULL NAME	
ROLE AT TIME OF INCIDENT	Player   Coach   Team Official   Umpire   Volunteer   Spectator   Parent   Other :
TEAM / CLUB	
AGE (If Known)	

PERSON 2	
FULL NAME	
ROLE AT TIME OF INCIDENT	Player   Coach   Team Official   Umpire   Volunteer   Spectator   Parent   Other :
TEAM / CLUB	
AGE (If Known)	

\*Copy this section for additional people involved.

**3. VICTIM OF INCIDENT (IF APPLICABLE)**

VICTIM 1	
FULL NAME	
ROLE AT TIME OF INCIDENT	Player   Coach   Team Official   Umpire   Volunteer   Spectator   Parent   Other :
TEAM / CLUB	
AGE (If Known)	

VICTIM 2	
FULL NAME	
ROLE AT TIME OF INCIDENT	Player   Coach   Team Official   Umpire   Volunteer   Spectator   Parent   Other :
TEAM / CLUB	
AGE (If Known)	

\*Copy this section for additional victims involved.

**4. INCIDENT DETAILS**

DATE OF INCIDENT	
TIME OF INCIDENT	
DIVISION	
GAME / COURT NUMBER	
COMPETITION (Please circle)	GNA Winter Comp   GNA Social Comp   GNA All Age Carnival   GNA Rep Carnival   Rep Program
WEATHER / COURT CONDITIONS IF RELEVANT	

DESCRIPTION OF INCIDENT	
<p>Include as relevant; actions &amp; behaviours observed, exact words spoken, escalation or attempts of de-escalation, injuries or safety concerns, other relevant information.</p>	

CONTINUED:

**5. IMPACT / OUTCOME**

WERE INJURIES SUSTAINED	Yes   No
WAS PROPERTY DAMAGED	Yes   No
IS DAMAGE CREATING AN ONGOING SAFETY CONCERN	Yes   No
WAS THE MATCH EFFECTED	Yes   No

If yes to above, please detail:

**6. IMMEDIATE ACTIONS TAKEN**

PLAY STOPPED	Yes   No
PERSON SPOKEN TO	Yes   No
PERSON REMOVED FROM COURT	Yes   No
PERSON REMOVED FROM VENUE	Yes   No
OTHER UMPIRE INTERVENTION	
CONTROL NOTIFIED	Yes   No
FIRST AID PROVIDED	Yes   No
FIRST AID PROVIDED BY	
AMBULANCE CALLED	Yes   No
POLICE CONTACTED	Yes   No

**7. SUPPORTING EVIDENCE**

<b>WITNESS 1</b>	
FULL NAME	
ROLE AT TIME OF INCIDENT	Player   Coach   Team Official   Umpire   Volunteer   Spectator   Parent   Other :
TEAM / CLUB	

<b>WITNESS 2</b>	
FULL NAME	
ROLE AT TIME OF INCIDENT	Player   Coach   Team Official   Umpire   Volunteer   Spectator   Parent   Other :
TEAM / CLUB	

PHOTOS	Yes   No
VIDEO FOOTAGE	Yes   No
UMPIRE NOTES	Yes   No
OTHER EVIDENCE	

Complete reports can be submitted to control or by email to [info@graftonnetball.com.au](mailto:info@graftonnetball.com.au)