

Incident report form

Your contact details

Full name:

Contact number:

Email address:

Incident information

Date & time:

Venue:

Description:

Outcome:

Additional information

Complainant's role/position within the Sport (tick all that apply):

Administrator (volunteer)

Parent

Spectator

Support Personnel

Official

Board/Committee member

Athlete/Player

Coach/Assistant Coach

Employee (paid)

Other

Are you a registered member of Water Polo Queensland? (tick all that apply):

yes

no

Name of person complained about (Respondent):

Respondent's role/position within the Sport (tick all that apply):

Administrator (volunteer)

Parent

Spectator

Support Personnel

Official

Board/Committee member

Athlete/Player

Coach/Assistant Coach

Employee (paid)

Other

Level of the Sport at which alleged breach occurred? (tick all that apply):

NSO level where they relate to behaviour an incident or circumstances that occurred at or involve individuals operating at the NSO level

State Member level where they relate to behaviour an incident or circumstances that occurred at or involve individuals operating at the State Member level; or

Affiliate Member level - where it relates to behaviour an incident or circumstances that occurred at or involve individuals operating at the Affiliate Member level (Association/League/Club level)

Did anyone else witness this alleged breach by the Respondent? (tick all that apply):

yes

no

not sure

Does Complainant consent to alternative dispute resolution? (tick all that apply):

yes

no

Age Group:

Gender:

White Caps:

Blue Caps:

People involved

Full name:

Contact number:

Email address:

Role (please circle): Complainant Official Person involved Witness

Full name:

Contact number:

Email address:

Role (please circle): Complainant Official Person involved Witness

Full name:

Contact number:

Email address:

Role (please circle): Complainant Official Person involved Witness

Full name:

Contact number:

Email address:

Role (please circle): Complainant Official Person involved Witness

Full name:

Contact number:

Email address:

Role (please circle): Complainant Official Person involved Witness