



INCIDENT REPORT

NAME OF PERSON COMPLETING THIS FORM			
ROLE OF PERSON COMPLETING THIS FORM			
DATE OF INCIDENT		DATE OF REPORT SUBMITTED	

COMPETITION	
AGE GROUP / DIVISION	

CLUBS INVOLVED

TICK THE TYPE OF INCIDENT

<input type="checkbox"/>	RACIAL AND RELIGIOUS VILIFICATION	<input type="checkbox"/>	RESPECT & RESPONSIBILITY
<input type="checkbox"/>	ONFIELD VIOLENCE	<input type="checkbox"/>	CYBER BULLYING / SOCIAL MEDIA
<input type="checkbox"/>	SPECTATOR BEHAVIOUR	<input type="checkbox"/>	OFF FIELD INCIDENT
<input type="checkbox"/>	SEXUAL MISCONDUCT	<input type="checkbox"/>	DRUGS
<input type="checkbox"/>	COACH BEHAVIOUR	<input type="checkbox"/>	UMPIRING
<input type="checkbox"/>	OTHER:		

DESCRIPTION OF THE INCIDENT AND PROCESS:

DATE AND TIME OF INCIDENT	
NAME/S OF PERSON/S INVOLVED IN THE INCIDENT AND THEIR CLUBS / ASSOCIATIONS:	
DESCRIPTION OF INCIDENT	
WITNESSES (include contact details)	

DECLARATION

SIGNATURE	
NAME	

FOR OFFICE USE ONLY

EFL OFFICIAL	
DATE RECEIVED	

CIRCLE THE FOLLOW UP ACTION

OBSERVATION	CONCILIATION	NO ACTION
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RECOMMENDED PROCESS:

Please send completed forms to: enquiries@efl.org.au