

TRFM Gippsland League INCIDENT REPORT FORM



(Please tick appropriate box)

- ☐ On field incident
- ☐ Inappropriate Behaviour
- ☐ Competition Related Dispute

Incident Details

Club/Venue: _____

Date of incident: _____

Time of incident: _____

Exact location of incident: _____

Alleged Offending player (include number): _____

Alleged Victim player (include number): _____

Provide a detailed description of the incident:

Outline any action taken at the time of the incident by the Club/Venue/or individual:

Complainant Details: (person reporting incident)

Name: _____

Phone: (BH): _____ (AH): _____

E-mail: _____

Signed: _____ **Date:** _____

Witness Contact Details (where one is available to support your report)

Witness Name: _____

Phone: (BH): _____ (AH): _____

E-mail: _____

Witness Contact Details (where one is available to support your report)

Witness Name: _____

Phone: (BH): _____ (AH): _____

E-mail: _____

Form to be lodged with the GL administrator within 5 days of the incident taking place along with a \$500 deposit into account

BSB- 013610

Account Number – 483709873

Email to daniel.heathcote@aflgippsland.com.au

Please note: AFL Victoria has specific rules around the investigation procedure. Any incident report form that does not include remittance advice for a \$500 deposit will not be processed.