

Incident Report



This form is to be completed and referred to Little Athletics NSW (LANSW), as a record of the matter/s reported and may be used to assist insurance and/or other claims.

REPORTING CENTRE OR LANSW OFFICIAL DETAILS

Surname: _____

First name: _____

Centre: _____

Residential address: _____

Phone (home): _____

Phone (work): _____

Phone (mobile): _____

Email: _____

Date of report: _____

INCIDENT DETAILS (circle type of incident)

- a. Breach of code of conduct
- b. Safety/facility breach
- c. Malicious damage
- d. Property/equipment damage
- e. Theft
- f. Harassment
- g. Other

Details: _____

Location/Venue: _____ Time: _____

Reported to Police: YES / NO Police Station: _____

Date Reported: _____ Crime Report Number: _____

Give brief overview of incident: _____

In the case of a breach of Code of Conduct, please specify the breach/es:

OFFICE USE ONLY

Reported to:

Centre Committee YES / NO Date: _____

Association YES / NO Date: _____

Action Taken: _____

Status: CLOSED / OPEN

Date filed: _____