

SORRENTO JUNIOR FOOTBALL CLUB INCIDENT REPORT FORM



Incident reference number: _____

The incident resulted in: Injury to an individual Damage to property/environment A near miss Conduct or behavioural issue

Reporter Details: *(report may be made anonymously)*

Surname: _____ First name: _____ Contact phone number: _____

Email: _____

Address: _____ Postcode: _____

Male Female Date of birth: / /

Are you: Club official Volunteer Parent/carer Player General Public Other (please give details):

Incident Details:

Date incident occurred: / / Time incident occurred: am/pm

Where did the incident occur? (Please specify): _____

What was the nature of, and injury (if any) resulting from, this incident? *(Please explain in your own words what had happened and the identity of any relevant persons and annex additional pages if needed.)*: _____

Was first aid or further treatment required? Yes No

Were there any witnesses? Yes No

Name of witness/es: _____

Address: _____ Postcode: _____

Position: _____ Contact phone number: _____

Signature:

Name of person completing report: _____ Signature of person completing report: _____

Date: / /

A copy of this report is to be given to a team manager or the club secretary (or club office holder) as soon as practicable.

Would you like feedback on report? Yes No

SJFC Club Action:

Club officer name & position: _____

Club officer comments: _____

Does this incident require further investigation? Yes No If yes, refer to Club President or Club Integrity Officer referred / /

Does the severity of this incident require notification to another authority ie Victoria Police, Child Protection? Yes No

If yes, please specify relevant authority: _____ referred / /

Team manager's (or club officer) name: _____ Team manager's (or club officer) signature: _____

Date: / /

NB: A copy of this report is to be provided to the: Club secretary, relevant team manager, club president, club integrity officer and the injured party (if appropriate).