**INCIDENT REPORT FORM**

This form must be submitted to dani@esafc.org.nz no later than 48 hours following the incident. This form is to be used to submit any incidents at an Eastern Suburbs AFC training session, including but not limited to significant injuries (head injuries, serious medical incident, or injuries which will result in players missing training sessions) and player/parent/coach misconduct.

**For any incident occurring at an AFF or NRFL game, please contact Dani immediately to discuss.**

**INCIDENT DETAILS**

The following incident occurred:

|  |  |  |  |
| --- | --- | --- | --- |
| Before training [ ]  | During training [ ]  | After training [ ]  | Other [ ]  |

The incident I am reporting was

|  |  |  |  |
| --- | --- | --- | --- |
| Injury [ ]  | Player misconduct [ ]  | Parent misconduct [ ]  | Other [ ]  |

If the names of the person(s) involved are known, please provide the below and indicate whether the person was a player, coach, spectator, parent, club official, or other (specify)

|  |  |  |
| --- | --- | --- |
| NAME | TEAM | POSITION |
|  |  |  |
|  |  |  |
|  |  |  |

**TRAINING DETAILS**

Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Venue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coach(es): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DESCRIPTION OF THE INCIDENT**

*Please describe fully the events leading up to, about, and following the incident*

I was a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the above training session and have to report the following:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name of Writer | Signature | Date |