Adelaide University Sport
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Incident report form

Your contact details

Full name:

Contact number:

Email address:

Incident information

Date & time:

Venue:

Description:

Outcome:

Additional information

Incident location (if not listed above):

What date did the incident happen?:

____/____/_____

What's your relationship with Adelaide Uni Sport & Fitness? (tick all that apply):

☐ AU Club Member

☐ AU Club Committee

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☐ AUSF Member

☐ AUSF Staff

☐ Member of the Public

List your AU Sports Club (if applicable):

Incident level (tick all that apply):

☐ Minor

☐ Moderate

☐ Major

What happened?:

How did it happen?:

What action was taken?:

Is further action or assistance required?:

Names and phone numbers of people involved in incident::

Names and phone numbers of any witnesses::

Additional information/incident forms can be uploaded below. (tick all that apply):

☐ Yes

☐ No

People involved

Full name:

Contact number:

Email address:

Role (please circle): Complainant Official Person involved Witness

Full name:

Contact number:

Email address:

Role (please circle): Complainant Official Person involved Witness

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Full name:

Contact number:

Email address:

Role (please circle): Complainant Official Person involved Witness

Full name:

Contact number:

Email address:

Role (please circle): Complainant Official Person involved Witness

Full name:

Contact number:

Email address:

Role (please circle): Complainant Official Person involved Witness

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