

# Bowls ACT Incident Report

This form is to be used to report an incident for Bowls ACT's information.



## Reporters Details:

Name: \_\_\_\_\_ Contact Ph: \_\_\_\_\_

Email Address: \_\_\_\_\_

(necessary to receive a reply)

Representative of Controlling Body     Umpire     Spectator     Other \_\_\_\_\_

## Details of Incident

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Venue: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Grade: \_\_\_\_\_  
(if applicable)

### Description of Incident

(if space insufficient, please attach further documentation. Also record names of witnesses if available)

(please indicate what action, if any, was taken at the time of the incident)

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Signature of Reporter: \_\_\_\_\_

Submit Completed form by: Fax 6108 3557 or email to [exec@bowlsact.org.au](mailto:exec@bowlsact.org.au)  
within 24 hours of the Incident

### Office Use Only

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

File Reference: \_\_\_\_\_