

Think. Act. Play. Pilot - Pool Marshall - Off-Field Incident report form

Details of Pool Marshall reporting the incident	Name: Email:	Date: / / Time:
Competition / Pool Name		
Did you witness the incident yourself	<input type="checkbox"/> Yes Please continue with this form <input type="checkbox"/> No Please refer the complainant to the Water Polo Australia National Member Protection Policy	
Were there other witnesses	<input type="checkbox"/> Yes Name(s): <input type="checkbox"/> No	Contact (email/tel):
Alleged Offender(s) details	Name: <input type="checkbox"/> Over 18	Club/Team: <input type="checkbox"/> Under 18
Role/status of alleged offender	<input type="checkbox"/> Spectator <input type="checkbox"/> Athlete/player <input type="checkbox"/> Coach/Assistant Coach <input type="checkbox"/> Employee of the sport (paid)	<input type="checkbox"/> Parent <input type="checkbox"/> Volunteer / Support Personnel <input type="checkbox"/> Official <input type="checkbox"/> Other:
When/where did the incident take place?	Date: Location within premises:	Time:
What are the facts relating to the incident	Victims name / description: Brief context (pre/post incident): Exact language used (if offensive): Any other relevant details: Nature of incident: <input type="checkbox"/> Verbal abuse <input type="checkbox"/> Physical abuse <input type="checkbox"/> Sexual/sexist/sexuality <input type="checkbox"/> Race / Religion <input type="checkbox"/> Disability <input type="checkbox"/> Personality clash <input type="checkbox"/> Unfair decision <input type="checkbox"/> Coaching methods <input type="checkbox"/> Child Abuse <input type="checkbox"/> Other:	
What actions were taken at the time of the incident	<input type="checkbox"/> Warning (First low range offence) <input type="checkbox"/> Offender asked to leave the area (Repeated low range offence) <input type="checkbox"/> Offender removed from premises by facility staff (High range offence / refusal to leave the premises on request) <input type="checkbox"/> Police called (criminal offence) <input type="checkbox"/> Other:	
Do you believe further action needs to be taken	<input type="checkbox"/> Yes - Please state further action required: <input type="checkbox"/> No	

I certify that the above information is true and correct _____ (Signature)

Please either give this report to the Tournament (Competition) Manager at the event, or email it with any notes to Alicia Smith (Alicia.smith@waterpoloaustralia.com.au)