**A close up of a sign

Description generated with very high confidenceIncident Report**

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| --- |
| **Name & Role of Person Completing this Form including Team:** |
| **Signature of Person Completing this Form:** |
| **Date:** |

**INCIDENT:**

|  |
| --- |
| **Date:**  **Time:**  **Location of Incident:** |
| **Name(s) of Person(s) Involved in the Incident and their Club/League Associations:** |
| **Description of Incident: (be as specific as possible – use back if necessary)** |
| **Witness(es) - Include Contact Details:** |

|  |  |  |
| --- | --- | --- |
| **Date Submitted to EUSA:** | **Reviewed By:** | **Board Review:** |