

ALBERTA WATER POLO ASSOCIATION



Incident/Complaint Report

Date of Report: _____ Time of Report: _____

Person(s) involved is: athlete coach parent other: _____

Complainant: _____ Respondent: _____

Incident Information

Incident Type: _____ Time of Incident: _____

Where incident occurred: _____ Specific area (if applicable) _____

Incident Description (Please be as specific as possible. If additional space is required, please use a separate sheet and attach).

Name/Role/Contact of parties involved.

Name/Role/Contact of Witnesses.

First Responder (if applicable): _____

Follow Up Action - Process #1 or Process #2 as per AWPA Policy and Procedures - Discipline Policy p.30

Disciplinary Sanction Applied (Y/N): _____

Discipline Chair(s): _____

Case Manager: _____

Date: _____