



## B.A.H.D BEHAVIOUR INCIDENT REPORT

*(Bullying, Abuse, Harassment, Discrimination)*

INCIDENT OCCURANCE LOCATION		Date	Time
INCIDENT OCCURRED DURING:			
TRAINING <input type="checkbox"/> COMPETITION <input type="checkbox"/> AFTER HOURS <input type="checkbox"/> OTHER <input type="checkbox"/> _____			
VICTIM'S NAME	GENDER	D.O.B (dd/mm/yyyy)	CONTACT NUMBER
CLUB/ TEAM NAME		CLUB/ TEAM LOCATION	
REPORT SUBMITTED BY		CONTACT NUMBER(S)	

WERE POLICE/ AUTHORITIES CONTACTED? YES <input type="checkbox"/> NO <input type="checkbox"/>	WERE SOCIAL SERVICES CONTACTED? YES <input type="checkbox"/> NO <input type="checkbox"/>
INCIDENT WAS: DISCLOSED VERBALLY <input type="checkbox"/> WITNESSED <input type="checkbox"/>	WERE THERE WITNESSES TO THE INCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>
SUMMARY OF EVENT/ INCIDENT <i>(as described or witnessed- continue on back is required)</i>	

NAME/ ADDRESS/ PHONE NUMBERS OF ANY WITNESSES:	

NAME/ ADDRESS/ PHONE NUMBERS OF ANY WITNESSES:	

NAME/ ADDRESS/ PHONE NUMBERS OF ANY WITNESSES:	

*You may be contacted for further information.*

*Please submit form to your club/ association's president and/ or vice-president to initiate an investigation as per the BCSA Discipline Committee Requirements.*