



INCIDENT REPORT ADVICE FORM

This form is intended as a template for Member Clubs to record details of incidents that may need to be addressed by the Club's Board.

If the Board believes the incident is not able to be resolved by the Club, or may escalate into an issue that could lead to suspension of a member, a Police enquiry, or a claim against the Bowls SA Association Liability Insurance cover please forward a copy of this report to the relevant Association and a copy to MGA Insurance Brokers.

CLUB: _____ **BOWLING CLUB**

DATE AND TIME OF INCIDENT: ____ / ____ / ____ _____ am/pm

PERSON/S INVOLVED IN THE INCIDENT:

Name: _____ Club: _____

Name: _____ Club: _____

LOCATION OF INCIDENT: _____

DESCRIPTION OF INCIDENT:

WITNESSES:

Name: _____ Phone: _____

Name: _____ Phone: _____

INCIDENT REPORTED TO: _____

Name: _____ Date: _____

How (this form, in person, email, phone): _____

If applicable complete the following details:

Police notified: _____ am/pm Date: ____ / ____ / ____ Report No: _____

Insurance Co. notified: _____ am/pm Date: ____ / ____ / ____ Report No: _____

FOLLOW UP ACTION (Description of actions to be taken):

I the undersigned confirm that the details above are correct.

Signed _____ Position _____

Dated ____ / ____ / ____

IF NECESSARY SEND COPY TO:

Bowls SA Inc: 583A Anzac Highway Glenelg North 5045

t: +61 8 8234 7544 | f: +61 8 8351 8220

e: reception@bowlssa.com.au | www.bowlssa.com.au