

AGL Loy Yang NGFNL  
INCIDENT REPORT FORM



(Please tick appropriate box)

- On field incident
- Inappropriate Behaviour
- Competition Related Dispute



**Incident Details**

Club/Venue: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Time of incident: \_\_\_\_\_

Exact location of incident: \_\_\_\_\_

Alleged Offending player (include number): \_\_\_\_\_

Alleged Victim player (include number): \_\_\_\_\_

**Provide detailed description of incident:**

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**Outline any action taken at the time of the incident by the Club/Venue/or individual:**

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**Complaint Details** (person reporting incident)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Email: \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Contact Details** (where one is available to support your report)

Witness Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Email: \_\_\_\_\_

**Witness Contact Details** (where one is available to support your report)

Witness Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Email: \_\_\_\_\_

Form to be lodged with the NGFNL administrator within 5 days of the incident taking place along with a \$500 deposit into the NGFNL account.

BSB – 033 259

Account Number – 184 671

Email to: [admin@ngfnl.com.au](mailto:admin@ngfnl.com.au)

