

LEWES ATHLETICS CLUB – WELFARE INCIDENT REPORT FORM

	Person reporting the incident	Person recording the incident
Name:		
Role in athletics:		
Address and telephone number:		

Location of incident (if relevant):	Date and time of incident:
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Name of any individual(s) who dealt with the incident at the time (if relevant):
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Nature of incident: (Use additional paper if required)

Person reporting the incident:	(signature and print name)
Date:	/ /
CP/Club Welfare Officer:	Signature and print name)
Date:	/ /

ACTION TAKEN AS A RESULT OF THE INCIDENT

(Office use Only)

Date: / /

Ref No: LACWIRF__

When completed please contact your Club Welfare Officer.

See Lewes AC web site for details.

<http://www.lewesac.co.uk/>