

QUEENSLAND REPRESENTATIVE SCHOOL SPORT CODE OF CONDUCT BREACH INCIDENT FORM

To be completed by Team Officials

TEAM OFFICIAL REPORT	
Date & Time of Incident:	
Date:	Time:
Person / Person's Involved:	
Brief Description of the Incident:	
What steps were taken to establish the facts (ensure a fair hearing for all parties) (Attach any witness statements):	
Summary of the established facts:	
Action Taken:	
Recommendation for further action:	

Report Completed by:			
Name of Team Official:			
Role of Team Official			
Signature of QRSS Officer:		Date:	
Report Witnessed by:			
Name of Team Official:			
Role of Team Official			
Signature of QRSS Officer:		Date:	

- Please contact the QRSS Responsible Officer for your sport to inform them of any incident as soon as possible & forward a copy of the report as soon as practical (within 24 hours)
- This report will be sent to the school Principal of the student/students involved via the QRSS



Queensland Representative School Sport

To be completed by Person / Person's involved in or witness to a Breach of Code of Conduct Incident

WITNESS REPORT STATEMENT	
Date & Time of Incident:	
Date:	Time:
Person / Person's Involved:	
Brief Description of what was witnessed (seen or heard)	

Witness Statement Completed by:			
Name:			
Contact Number if NOT a team member:			
Signature of QRSS Responsible Officer:		Date:	

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