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|  | **Volleyball New Brunswick**  **Incident Report** | | |  |
| **Today’s Date:** | | **Date of incident:** | | |
| **Incident Details** | | | | |
| Name of individual(s) submitting the report:  Phone Number:  Email Address: | | | | |
| Name of main witness(es) to the incident:  Phone Number:  Email Address: | | | | |
| **Event:** | | | | |
| **Incident Summary**  (A summary of the incident is to be provided by the individual(s) submitting the report.) | | | | |
|  | | | | |
| Signature of submitter: | | | Date: | |
| The completed Incident Report must be submitted to VNB’s Executive Director at [executivedirector@volleyballnb.org](about:blank). The Executive Director will forward the complaint to the Discipline and Complaints Chair to investigate the violation, and where necessary arrange meetings with the individuals involved. | | | | | |