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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.) |
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| Signature of submitter:  | Date: |
| The completed Incident Report must be submitted to VNB’s Executive Director at executivedirector@volleyballnb.org. 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.  |