

Incident Report Form

Please fill this form out electronically and submit to the Tournament Director or BQ by 3 pm the business day following the game: events@baseballqld.asn.au

1. Reporting Perso	n			
Reporting Person:				
Phone: Email:				
2. Game Details				
Date:	Venue:	Age / Division:		
Home Team:		Away Te	eam:	
Game Situations at time of incident (if applicable)				
Inning:	Outs:	Count:	Sc	ore:
Position of runners (if any):				
3 Figstion Papart	(if not an umnive chin	to sostion (1)		
3. Ejection Report (if not an umpire skip to section 4)				
Name of Ejected Per	son:			
Playing For:			Warning Given?	Yes No
Ejecting Umpire:	ire: Umpiring Position:			
Reason for Ejection:				
Ejected Person's position:				
Coach Pitcher	Fielder	Batter	Bench	Other
4. Reporting Person				
Please describe: • the Incident; your actions • any after effects including any harm done or damage caused; • any perceived provocation; any remorse or lack of remorse; and anything else you deem relevant.				