



Incident Report

Please Print Clearly

Host Club:	
Date of Event:	
Event Type: (ORT/Trial/other)	
Host Club Contact Person:	
Certifying Official:	
Judge:	
Approximate Time of Incident:	
Location of Incident:	
Names, Phone Numbers and email addresses of all persons involved:	
Dog(s) name if involved:	
Dog (s) Age:	
Names and phone numbers of any witnesses:	

Person involved please give a description of what happened

Signed:

Please Print Name:

Date:

Witness Statements if any

Signed:

Please Print Name:

Date:

Comments by CO

How was incident resolved

CO Name:

Certifying Official Signature:

Hosts Names:

Hosts signatures:

Date:

Hosts phone number:

Host email:

Please send a completed incident report copy to ACSW (info@acsw.com.au)
(as soon as possible)