



INCIDENT REPORT FORM (For Ejections and Injuries)

Please fill this form out electronically and submit to the
Competition Administrator by 3 pm the business day following the game
(dev@qbua.org).

1 REPORTING PERSON

REPORTING PERSON: _____
REPORTING PERSON PHONE: _____

2 GAME DETAILS

DATE OF GAME: _____
VENUE: _____ AGE/DIVISION: _____
HOME TEAM: _____ AWAY TEAM: _____

Game situation at the time of the incident (if applicable)

INNING: _____ OUTS: _____ COUNT: _____ SCORE: _____
POSITION OF RUNNERS (if any): _____

3 EJECTION REPORT (if not an umpire, skip to Section 4)

NAME OF EJECTED PERSON: _____

PLAYING FOR: _____ WARNING GIVEN? ☐ YES ☐ NO

EJECTING UMPIRE: _____ UMPIRING POSITION: _____

REASON FOR EJECTION: _____

EJECTED PERSON'S POSITION (tick as appropriate)

☐ COACH ☐ PITCHER ☐ FIELDER ☐ BATTER ☐ RUNNER ☐ BENCH ☐ OTHER

4 DETAILS OF INCIDENT (Ejection or Injury)

On page two (and additional pages if necessary), describe:

- The incident; Your actions;
- After effects including any harm done or damage caused;
- Any perceived provocation; Any remorse or lack of remorse; and Anything else you deem relevant.



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The above statement and details are to the best of my knowledge, true and correct.

Signed (electronic sufficient): Date:

OFFICE USE ONLY

Date Lodged: _____ Time Lodged: _____

Received and actioned by: _____