



INCIDENT REPORT FORM

Please fill this form out electronically and submit to appointments@qbua.org by 10 am the next business day.

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

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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Please fill this form out electronically and submit to the Competition Administrator by 3 pm the business day following the game (gbl@baseballqueensland.com.au).

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

Signed (electronic sufficient): _____ Date: _____

Umpire's Referral

E. Following a game involving an ejection, the umpire responsible for the ejection (Reporting Umpire) must ensure:

- i. the scorers have recorded the ejection on the Official Game Card;
- ii. an Incident Report is submitted to the QBUA no later than 10 am the next business day following the game for review;
- iii. they, or a representative from the QBUA, inform the GBL Competition Administrator the name and Club of the ejected player;
- iv. they, or a representative from the QBUA, indicate to the GBL Competition Administrator whether a further penalty will be pursued;

F. If a further penalty is pursued, the QBUA shall forward the GBL Competition Administrator the Incident Report by 3 pm

OFFICE USE ONLY

Date Lodged: _____ Time Lodged: _____

Received and actioned by: _____

