



# Knox Waverley Calisthenics Club

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## Incident report form

### Your contact details

Full name:

Contact number:

Email address:

### Incident information

Date & time:

Venue:

Description:

Outcome:

### Additional information

Are you a current member of KWCC?:

Are you a past member of KWCC?:

Were there any witnesses to this incident?:

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**Would you like KWCC to contact you to discuss this further?:**  
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**What is your complaint in regards to? (Complaints Only):**  
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**People involved**

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**Full name:**

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**Contact number:**

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**Email address:**

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**Role (please circle):**      Complainant                  Official                  Person involved                  Witness  
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