DARWIN BASKETBALL ASSOCIATION INC

Witness Statement Form

PERSON MAKING COMPLAINT _____

CONTACT PHONE _____ **CONTACT EMAIL** _____

PERSON MAKING COMPLAINT IS PLAYER / COACH / SPECTATOR / **OTHER** (please circle one)

MENTION OTHER HERE _____

DATE OF COMPLAINT _____

IF DIRECTLY RELATED TO THE GAME, GAME DETAILS ARE:

AGE GROUP & DIVISION _____ **TIME** _____ **COURT**_____

TEAMS INVOLVED _____

COMPLAINT AGAINST _____

DETAILS OF STATEMENT

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Please email this completed form to: executive@darwinbasketball.com.au

OFFICE USE:

DATE STATEMENT RECEIVED _____

RECEIVED BY _____

ACTION TAKEN _____

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WAS THE WITNESS NOTIFIED OF OUTCOME YES / NO

WHEN WAS THE WITNESS NOTIFIED OF OUTCOME _____

FURTHER NOTES _____

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