

ZERO TOLERANCE REPORT FORM

Name of person being reported:
Team supporting:(Age/Gender/Competition Name/Team Name)
Association:
Relationship to team:
(i.e. parent, grandparent, friend, spectator)
Phone Number:
What was the reason for the intervention (please tick)?
Persistently or wilfully question or challenge the rulings of the referees Berated or abused game officials i.e. referees and scoretable personnel Berated or abused team officials Berated or abused players Berated or abused other parents or spectators Berated or abused any game day official such as a Court Controller, Refere Supervisor, Association Representative or Basketball Queensland Representative
Who first witnessed the inappropriate behaviour? Referee Referee Supervisor Court Controller Other
If other please identify who:
If referee did they firstly stop the game and ask the Court Controller to monitor th spectator: Yes No
Briefly describe what occurred or provide your comment:
(If there is insufficient space in this section, please attach further written comments to this form.)
Has this problem occurred before: YES NO
Does you Association have on display: Zero Tolerance Poster: Conditions of Entry: YES NO

BQ Codes of Behaviour:	YES	NO	
Did the person have the following shown and explained to them:			
Zero Tolerance Poster:	YES 🔲	NO \square	
Zero Tolerance Policy:	YES 🔲	NO 🔲	
Conditions of Entry:	YES	NO .	
BQ Codes of Behaviour:	YES	NO	
Was the person informed that a report wou and that BQ would contact them if the matt			
DATE OF GAME:/ VENUE:		TIME:	
PERSON MAKING REPORT:			
POSITION:			
ASSOCIATION:			
Please note:			

This form is to be sent to USC Basketball via email office@uscbasketball.com.au