



Email: coburgdomesticcom@gmail.com

Zero Tolerance Report Form

Name of Offender: _____

Team: _____

Association: _____

Role: Team Official / Parent / Spectator/ Player/Official

Address: _____

PC _____

Was the person: Warned / Ejected / Ceased from performing role (Circle action taken)

What was the reason for the intervention: (Tick appropriate boxes)

- 1: Persistently or wilfully question or challenge the rulings of the referees
- 2: Berate or abuse referees
- 3: Display conduct which is inappropriate in a junior sporting environment
- 4: Berate or abuse players
- 5: Berate or abuse other parents or spectators
- 6: Other (Please specify)

What steps were taken to change the inappropriate behaviour:

- 1: _____
- 2: _____
- 3: _____

Were the following procedures explained?

- 1: Coburg Basketball Association procedures
- 2: Code of Conduct

Date of incident: ____ / ____ / ____

Venue of incident: _____

Person making report: _____

Position: _____

Date: ____ / ____ / ____

Please ensure that the offender receives a copy of this form (if possible) and has been informed that he/she will receive any written notifications from the Coburg Basketball Association.