



INCIDENT REPORT FORM

Date: _____ Tournament / Location: _____

Individual(s) involved in the incident: _____

Please provide an outline of the facts of the incident (i.e., why was the athlete and/or coach disqualified from the tournament)

Individuals involved in the decision and their position at the event. (i.e., John Smith, Head Official)

1. _____
2. _____
3. _____
4. _____

Signature: _____ Date: _____

Please note that incident reports need to be filed into the WCL office no later than 14 days after the date of that incident took place. Reports should indicate if there is Grievance requested. Reports should be directed to the address below:

CAWO Vice President National &
WCL President c/o Executive Director
7-5370 Canotek Road
Ottawa, ON K1J 9E6
info@wrestling.ca

