

INCIDENT REPORT			
Submit this report to TSA's independent Safeguarding Officer at safeguarding@tennissa.co.za			
Name of the person making this report:			
Your position in organisation:			
Name of accused member:			
Accused's members number/email:			
Date of incident:			
Time of incident:			
Direct Supervisor / Manager on duty at the time of incident:			
Detailed Description of the Incident			
Recommended Sanction as per the Constitution			
Description of Previous Warnings (Provide date/s, level/s and charge/s of warnings issued)			
Description of Frevious Warnings (Frovide date/s, level/s and charge/s of Warnings issued)			
Supporting evidence (Photos &/or videos &/or statements)			
1	•		No
Is supporting evidence attached?	Yes		No
If not attached, please provide reason			
Requested Outcome			
Report and Requested Outcome App	proved by Senior Management?	Yes	No
	Signed by Deponen	t of Report	Date:

Signed by President/CEO

Date: