Date Filled In:

EUVC Incident Report

Instruction for Committee Member: If this form has been handed over to you and not to the Well Being officer or EUVC President, it means that both members are involved in the incident. You must share this incident report with the Vice President and must decide together whether the issue needs to be raised to the EUSU although it is advised.

Please feel free to fill this form in with as much detail as possible, all questions are optional.

Who was affected by this incident?(You, Another, a group...) Please give names if possible

_____

When and where did this incident occur?

_____

Please Describe the Incident in as many Details as possible:

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Do you need emotional support? Yes - No

Contact Details of the person who filled in the form (optional but recommended):

Name:_____ Club Team:_____

Preferred contact detail (phone, email, social media):_____

Signature of reception of form by committee member: