

## Canine Association of WA (Inc)

## Chief Steward's Report \*(1)

Type of Event		
Club		
Date of Event	Venue	
Time Event Commenced	Concluded	Lights Used YES/NO
Time Judge/s Arrived		
Protests*(2)		
Accidents		
Misdemeanours		
Aggressive Dogs		
Non Entire Dogs (3*)		
Other Incidents		
Chief Steward	(Signed)	Date
Notes:		

- \*(1) This report is to be submitted to the Administrator of the Association with a copy to the Secretary of the club, no later than **TEN DAYS** after the conclusion of the event except where a protest is being referred to the Protests and Disputes Tribunal then the report is to be in the hands of, or posted before close of mail to the Association's Administrator Officer by the **SECOND WORKING DAY** following the show.
- \* (2) A copy of the Committee of Enquiry's findings (minutes) are to be attached to this report.
- \* (3) Any dog over the age of six months, which is not physically entire, should be reported by the judge or vetting officer to the Chief Steward and the details of the dog should be included on this report.

### CHIEF STEWARD'S CHECK SHEET FOR COMMITTEE OF ENQUIRY

DATE:				
PROTEST FEE PAID (\$100.00). Not applicable if Aggressive Dog Incident.				
LODGED WITH CHIEF STEWARD WITHIN ONE (1) HOUR OF INCIDENT				
DID YOU SEARCH / CALL FOR WITNESSES				
ADVISE DEFENDANT OF RIGHTS				
WRITTEN STATEMENT FROM ALL PARTIES				
PLAINTIFF				
DEFENDANT				
WITNESSES				
IN ATTENDANCE				
PLAINTIFF				
DEFENDANT				
WITNESSES FOR BOTH PARTIES				
MINUTES COMPLETED IN TRIPLICATE				
SIGNED BY <u>ALL</u> PARTIES AS TO ACCURACY  WAS THE PROTEST / INCIDENT				
			UPHELD FORWARD TO CAWA (FEE RETURNED TO PLAINTIFF)	
DISMISSED (FEE RETAINED BY AFFILIATE)				
SUFFICIENT EVIDENCE NOT AVAILABLE REFERRED TO CAWA				
CHIEF STEWARD				
SIGNATURE				

#### DETAILS REQUIRED FROM COMMITTEE OF ENQUIRY

Complainant
Membership Number
Address
Contact Email/Phone:
Name of Dog/Person
Defendant
Membership Number
Address
Contact Email/Phone:
Name of Dog/Person
Witness
Membership Number
Address
Contact Email/Phone
Witness
Membership Number
Address
Contact Email/Phone:

PLEASE ENSURE THAT THE COMMITTEE OF ENQUIRY CHECK LIST, COPY OF MINUTES AND ALL STATEMENTS ARE ATTACHED.

# COMMITTEE OF ENQUIRY COMPLAINANT / DEFENDANT STATEMENT

(Indicate which is applicable)

Date:		Show:	
	ninant / Defendant Name:		
(Indicat	te which is applicable)		
Addres	s:		
Contac	t Email/Phone:		
MATT	ER:		
WITNE	ESS:		
1.	Name & Address:		
2.	Name & Address:		
3.	Name & Address:		
Signed:	•		Date:

### **COMMITTEE OF ENQUIRY**

# WITNESS STATEMENT ON BEHALF OF THE COMPLAINANT / DEFENDANT

(Indicate which is applicable)

Date:	Show:			
Witness for Complainant / Defendant Name:				
(Indicate which is applicable)				
Address:				
Contact Email/Phone:				
Contract Emilia Fronce				
WITNESS STATEMENT:				
Signed:	Date:			