

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

CLUB: _____ 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 **ALL** 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 Number

Name of Dog/Person

Defendant

Membership Number

Address

Contact Number

Name of Dog/Person

Witness

Membership Number

Address

Contact Number

Witness

Membership Number

Address

Contact Number

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

| |
|---|
| <p>COMMITTEE OF ENQUIRY COMPLAINANT / DEFENDANT STATEMENT <i>(Indicate which is applicable)</i></p> |
|---|

Date: _____ **Show:** _____

Complainant / Defendant **Name:** _____
(Indicate which is applicable)

Address: _____

Contact Phone Number: _____

MATTER: _____

WITNESS:

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 Phone Number: _____

WITNESS STATEMENT:

Signed: _____ **Date:** _____