

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 Ju	dge/s Arrived			
Protests	*(2)			
Accider	nts			
Misdem	eanours			
Aggress	sive Dogs			
NE				
Non En	tire Dogs (3*)			
Other Ir	ncidents			
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)			lly entire, should be reported by the ils of the dog should be included on	

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 <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:
Compla	ainant / Defendant Name:	
(Indica	te which is applicable)	
Addres	55:	
Contac	t Email/Phone:	
MATT	ER:	
WITN	ESS:	
1.	Name & Address:	
2.	Name & Address:	
<u>3.</u>	Name & Address:	

Signed:

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:** WITNESS STATEMENT:

Signed: