



**EAP Code of Conduct  
Violation Reporting Form**

<b>PART I: TO BE COMPLETED BY THE INDIVIDUAL MAKING THE COMPLAINT</b>		
<b>Person Completing this Form is (check one):</b>		<b>Your Full Name (e.g. Christian HALLOY):</b>
<input type="checkbox"/> <input type="checkbox"/> <b>EAP Observer</b> <input type="checkbox"/> <b>EAP Meeting Host</b> <input type="checkbox"/> <b>EAP Athlete</b> <input type="checkbox"/> <b>Other EAP delegate</b>		<b>Your EAP affiliation (e.g. Namur):</b>
<b>Who was involved? Provide the FULL NAME(S) of ALL individual(s) whose conduct violated the code (if more than six, please include additional names in attachment):</b>		
<b>1.</b>	<b>3.</b>	<b>5.</b>
<b>2.</b>	<b>4.</b>	<b>6.</b>
<b>When did the violation of the EAP Code of Conduct occur?</b>		
<b>DD/MM/YY:</b>	<b>Time of Day:</b>	<b>Other:</b>
<b>What happened? Be as specific as possible.</b>		

Please select the EAP member club(s) responsible for the individual(s) in violation of the Code of Conduct.

<input type="checkbox"/> Aarhus	<input type="checkbox"/> Chambéry	<input type="checkbox"/> Loughborough
<input type="checkbox"/> Amsterdam	<input type="checkbox"/> Donnas	<input type="checkbox"/> Namur
<input type="checkbox"/> Aosta	<input type="checkbox"/> Dour	<input type="checkbox"/> Nivelles
<input type="checkbox"/> Biella	<input type="checkbox"/> Genève	<input type="checkbox"/> Palafrugell
<input type="checkbox"/> Bilbao	<input type="checkbox"/> Hexham	<input type="checkbox"/> Pavia
<input type="checkbox"/> Budapest	<input type="checkbox"/> Kuldiga	<input type="checkbox"/> Riga
<input type="checkbox"/> Celle Ligure	<input type="checkbox"/> Leiria	

If the athlete's sponsoring club is not an EAP member, please write the name of the sponsor organisation here and contact the sponsor club to report the violation.

**PART II: TO BE COMPLETED BY THE OFFENDING ATHLETE'S SPONSORING CLUB**

**A. Please describe in detail any actions that your club has taken to respond to the above complaint about the conduct of the athlete(s) representing your club to the EAP:**

**B. Please state your recommendation for this athlete's future participation in the EAP circuit (e.g. no restrictions, suspend for 1 year, suspend indefinitely), and your reasoning behind your recommendation:**

**Full Name of Person Completing Part II of this form:**

Please complete Part II of this form within 30 days of receiving it from the individual filing the complaint and send the form via email to [icc@eap-circuit.org](mailto:icc@eap-circuit.org).

The EAP Internal Control Commission will review your actions and recommendations. The EAP ICC reserves the right to make additional decisions that may impact future participation of specific athletes, or your club as a whole, in the EAP circuit. If the ICC reviews your actions and decides that additional disciplinary action is warranted, a member of the ICC will contact you within 30 days of the date they receive your email.