

# Greyhound Welfare or Integrity Concern

<p><b>Details of Concern</b> <i>(If space is insufficient, please include an attachment)</i></p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Time of event / incident:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Date:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Location of event / incident:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <p>How did you become aware of your concern?</p> <p style="text-align: center;"> <input type="checkbox"/> In Person / Witnessed  <input type="checkbox"/> Telephone  <input type="checkbox"/> Email / Correspondence  <input type="checkbox"/> Other         </p> <p>If Other, please specify:</p> <p>.....</p> <p>.....</p> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <p>Name of Person(s) involved:</p> <p><i>(Include identifying details e.g. known contact &amp; address, greyhound license ID, participant status etc)</i></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> </div> <div style="border: 1px solid black; padding: 2px;"> <p>Name of other Person(s) present / Witnesses:</p> <p>.....</p> <p>.....</p> </div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <p>Type of Concern:</p> <p style="text-align: right;"> <input type="checkbox"/> Live Baiting  <input type="checkbox"/> Animal Welfare / Cruelty  <input type="checkbox"/> Drug use / Doping  <input type="checkbox"/> Criminal Associations  <input type="checkbox"/> Integrity / Corruption / Misconduct  <input type="checkbox"/> Other         </p> <p>If Other, please specify:</p> <p>.....</p> <p>.....</p> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <p>Full details of concern:</p> <p><i>(Please provide as much information as possible)</i></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <p>Other Information of interest:</p> <p>.....</p> <p>.....</p> </div> <div style="border: 1px solid black; padding: 2px;"> <p><b>Details of Person Reporting Concern (Optional)</b></p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Name:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Club &amp; Position:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Address/Email/Phone No.:</div> <div style="border: 1px solid black; padding: 2px;">Date:</div> </div>
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Please submit forms to GRNSW: [intelligence@grnsw.com.au](mailto:intelligence@grnsw.com.au) & cc your Club Official. Or contact: Greyhound Welfare & Integrity Hotline (Ph: 1800 680 174) / Email: [www.greyhoundwelfare.com.au](http://www.greyhoundwelfare.com.au)