

RUGBY FOOTBALL UNION MATCH OFFICIAL ABUSE REPORT

LEVELS 5 & BELOW

2018 - 2019

To be completed and returned to your Society Discipline Officer

Within 48 hours of the completion of the match

Please ensure **ALL** fields are completed

Please e-mail as an attachment

| Person(s) responsible for abuse: | | | | | | | | |
|--|----------------|--------------|---------------|--------------|-----------|---------|--|--|
| Club (if k | nown): | | | | | | | |
| Please indicate: Player □ Coach □ Club official □ Spectator □ | | | | | | | | |
| Fixture: | | | | | | | | |
| Home team | | | Team | | | | | |
| Away team Team | | | | | | | | |
| Date of in | ncident: | | | Match venue: | | | | |
| Was a match video made? | | | Competition | | | | | |
| *************************************** | aten videoaae. | | 1 | Competition | | | | |
| Officials | Name | Email Addres | Email Address | | Telephone | Society | | |
| Referee | | | | | | | | |
| A/R 1 | | | | | | | | |
| A/R 2 | | | | | | | | |
| List names and club of any witnesses to the incident who may be prepared to submit a statement and give evidence at any hearing if required: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Nature of abuse: Physical □ Verbal □ Other □(Please indicate): | | | | | | | | |
| | | | | | | | | |
| Detailed report of incident (continue on next page if necessary: | | | | | | | | |
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| Cianalum of Defense | | |
|---|------|--|
| Signature of Referee (IN ALL CASES – DIGITAL | Date | |
| SIGNATURE ACCEPTABLE) | | |
| Signature of Asst. Referee (WHERE APPLICABLE) | Date | |
| (VVIIENE APPLICABLE) | | |