**TO BE COMPLETED AND RETURNED TO YOUR SOCIETY**

|  |  |
| --- | --- |
| Person(s) responsible for abuse: | Click here to enter text. |
| Club (if known): | Click here to enter text. |

Please indicate: Player [ ]  Coach [ ]  Club official [ ]  Spectator [ ]

Fixture:

|  |  |  |  |
| --- | --- | --- | --- |
| Home team | Click here to enter text. | Team | Select |
| Away team | Click here to enter text. | Team | Select |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of incident: | Click here to enter a date. | Match venue: | Click here to enter text. |
| Was a match video made? | Select | Competition title: | Click here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Officials | Name | Email Address | Telephone | Society |
| Referee | Click here to enter text. | Click here to enter text. | Enter tel. | Enter text. |
| A/R 1 | Click here to enter text. | Click here to enter text. | Enter tel. | Enter text. |
| A/R 2 | Click here to enter text. | Click here to enter text. | Enter tel. | Enter text. |

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:

|  |
| --- |
| Click here to enter text. |

Nature of abuse: Physical [ ]  Verbal [ ]  Other [ ] (Please indicate):

|  |
| --- |
| Click here to enter text. |

Detailed report of incident (continue on next page if necessary):

|  |
| --- |
| Click here to enter text. |

Detailed report of incident continued:

|  |
| --- |
| Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Referee (**IN ALL CASES – DIGITAL SIGNATURE ACCEPTABLE**) | Click here to enter Referee signature | Date | Click here to enter a date |
| Signature of Asst. Referee (**WHERE APPLICABLE**) | Click here to enter A/R signature | Date | Click here to enter a date |