

CITING COMPLAINT REFERRAL FORM

Referring Team/Rugby Body/Union:		Nominated Official name:	
Match:			
Venue:		Date/time of Incident:	
Name of alleged 'offending' player (IF KNOWN):			
Playing Position of Player:		Number:	Team/Rugby Body/Union:
Incident:			
<i>Describe what occurred in detail (include time of incident):</i>			
<i>Name of alleged victim player/s:</i>			
<i>Injuries sustained (if any):</i>			
<i>Names of any witnesses:</i>			
<i>Detected by Match Officials? If so, what action was taken:</i>			
<i>Any other information i.e. evidence to be provided:</i>			

NOMINATED OFFICIAL (SIGNATURE): _____

TEAM/RUGBY BODY/UNION _____

Referrals must be made within 48 hours of completion of match and returned to Competition Manager nicole@hunteryugby.com.au

A separate form must be completed for each incident