Referees Name: ..... **Date of Incident:** ..... **Fixture**:
..... **v** .....

Grade:..... **Venue** .....

Person(s) Responsible For Abuse (Please Tick)

Player **Coach** **Club Official** **Spectator**

Name(s) (if known) and Club/Team of Person(s) Responsible for Abuse

.....

.....

.....

List Names and Club/Tem of any witnesses to the incident

.....

.....

.....

……

Nature of Abuse: eg **Physical** **Verbal** **Other**

Describe Details of the incident: .....

.....

.....

.....

.....

.....

Referees Name: ..... **Date**: .....

ACTION

1. ***Report Sighted by RRA officer*** ....
   Signature *Name (Print)* *Position*

2. ***Forwarded to Controlling Union.*** *Date: ……*

3. ***Copy to be retained by Provincial RRA Secretary.***

(Please ensure you contact Paul Kenny on 027 222 6211 as soon as possible after the incident)