

NEW SOUTH WALES TOUCH ASSOC

REFEREES INCIDENT REPORT SHEET

Venue _____ Date / / 200 Division _____

Teams _____ V _____

Offending Players No _____ Offending Players Team _____

Please Tick: Dismissal ☐ Citing ☐

CHARGE: Please tick appropriate offence. If more than one, tick accordingly.

☐ Continual Backchat. ☐ Verbal abuse of a Player. ☐ Verbal abuse of a Referee

☐ Swearing. ☐ Physical abuse to a Player. ☐ Physical abuse to a Referee

☐ Phantom Touch ☐ Sledging ☐ Professional Foul ☐ Tripping ☐ Fighting

☐ Repeated Infringements

If unlisted, please specify offence _____

Please answer the following:-

Was a warning given to the player during the game? (Verbal or otherwise) Yes ☐ No ☐

Was the player sent from the field for a "**period of time**" during the game? Yes ☐ No ☐

Was the player sent from the field for the remainder of the game? Yes ☐ No ☐

Was the Captain/player advised that he/she would receive an automatic 2 week suspension?
(No appeal) Yes ☐ No ☐

Was the player abusive towards the Referee/s after the game? Yes ☐ No ☐

Do you consider that the matter be referred to a Judiciary committee for further
consideration? Yes ☐ No ☐

Are you aware that if you refer the matter to a Judicial hearing, you may be required
to appear and give evidence? Yes ☐ No ☐

Please give specifics on offence.(Include word for word verbals or swearing)
List any witness/witnesses.

Referees Name _____ Signature _____

Signature of NSWTA Coordinator _____