



REFEREE ABUSE INCIDENT REPORT

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

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

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Nature of Abuse: eg Physical Verbal Other

Describe Details of the incident:

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Referees Name:..... Date:

(Please ensure you contact a senior RRA administrator (Gary Martin – 021 520-950) as soon as possible after the incident)

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.